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National Highway
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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-08
FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

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Senior Staff Associate

and

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[REDACTED] 1996

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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On-site air bag deployment investigation involving a 1994 Dodge Caravan SE, 7-passenger minivan, with manual belts and dual air bags			
16. Abstract			
<p>This report covers an on-site investigation of an air bag deployment crash that involved a 1994 Dodge Caravan SE and a 1994 Nissan Altima. This crash is of special interest because the Caravan's right front passenger subsequently died from severe injuries she sustained after being struck by her deploying right front air bag. The Caravan was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway. The Altima was also traveling north in the same, outside lane and had stopped due to traffic merging up ahead from the inside lane. Northbound traffic, in general, was slowing because of road maintenance on the left shoulder which caused the inside northbound lane to be closed. According to the Caravan's driver, he looked away momentarily only to realize upon returning his attention that traffic had stopped ahead. The front of the Caravan (case vehicle) impacted the back of the Altima (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The driver of the vehicle (75 year-old male) was normally postured, with his seat track located between its middle and forward-most position, and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview and his/her medical records, minor injuries which included: abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. The right front passenger (98 year-old female) in the Caravan was abnormally postured--turned to her left, with her seat track located between its middle and forward-most position, and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Caravan's driver (i.e., husband) and her medical records, severe injuries which included: a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar artery; multiple facial contusions; a right eyebrow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers.</p>			
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-08

FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA

SUMMARY

This report concerns a motor vehicle crash involving an air bag-equipped 1994 Dodge Caravan SE, seven-passenger minivan, and a 1994 Nissan Altima, four-door sedan, occurring in [REDACTED] 1996 at 12:05 p.m., in a rural area on an Interstate highway. This crash is of special interest because the case vehicle's right front passenger subsequently died from severe injuries she sustained after being struck by her deploying right front air bag.

The Caravan was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway. The Altima was also traveling north in the same, outside lane and had stopped due to traffic merging up ahead from the inside lane. Northbound traffic, in general, was slowing because of road maintenance on the left shoulder which caused the inside northbound lane to be closed. According to the Caravan's driver, he looked away momentarily only to realize upon returning his attention that traffic had stopped ahead. The Caravan continued essentially northward after impact and came to rest heading north in the northbound lane. Vehicle #2 most likely was pushed forward after impact and also came to rest heading north in the northbound inside lane. According to the Police Accident Report, both vehicles were found, upon their arrival, on the east shoulder of the northbound Interstate highway.

The front of the Caravan impacted the back of the Altima. The CDC was determined to be: 12-FDEW-1 for the Caravan. With no inspection or photographs of the Altima, its CDC was not estimable. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V for the Caravan is between 20 km.p.h. (12 m.p.h.) and 25 km.p.h. (16 m.p.h.).

The 1994 Dodge Caravan SE was equipped with both driver and right front passenger side supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (75 year-old male) was normally postured, with his seat track located between its middle and forward-most position, and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview and medical records, minor injuries which included: abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. The right front passenger (98 year-old female) in the Caravan was abnormally postured--turned to her left, with her seat track located between its middle and forward-most position, and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Caravan's driver (i.e., husband) and her medical records, severe injuries which included: a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar artery; multiple facial contusions; a right eye-brow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers. The 1994 Nissan Altima was equipped with both driver and right front passenger side supplemental restraint systems (air bags), but neither deployed as a result of its rear impact. The driver (58 year-old male) of the Altima was normally postured, with his seat track located in its rearmost position, and no tilt steering wheel option was available. He was also restrained by his available, active, two-point lap belt and automatic, motorized, two-point, shoulder belt and, according to his interview, did not sustain any injuries as a result of this crash.

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Grade, pre-impact = Level
Grade, at impact = Level
Grade, between impact and final rest = Level

NO ON-SCENE INSPECTION!

See footnote to ROADWAY section on following page!

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-08

**FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA****ACCIDENT DATA**

Location/Street: Interstate
State: Pennsylvania
Area/Type: Rural, industrial
Accident Date/Time: [REDACTED] 1996 @ 12:05 p.m.
Investigating Police Agency: Pennsylvania State Police
Accident Type: Minivan / Car - Rear-end
Occupant Injury Severity (air bag vehicle): Subdural Hematoma (AIS-4)

AMBIENT CONDITIONS

Light Conditions: Daylight
Weather Condition: Clear, (no clouds)
Precipitation: None
Road Surface: Dry
Temperature: 35 degrees F @ [REDACTED]
[REDACTED] Pennsylvania

ROADWAY¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	Interstate	Interstate
Number of Travel Lanes:	Four lanes, divided; two lanes southbound, two lanes northbound	Four lanes, divided; two lanes southbound, two lanes northbound
Width:	Unknown	Unknown

¹ On this Special Crash Investigation, this contractor was requested to only inspect the Case Vehicle because the crash occurred in Pennsylvania on an Interstate that was undergoing road maintenance and the Case Vehicle had subsequently been driven to Canada; therefore, the scene data are taken from the Police Accident Report and/or our interview with the Case Vehicle's Driver.

ROADWAY (CONTINUED)¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Surface Type:	Bituminous per witness	Bituminous per witness
Median:	Unknown type median with unknown type of longitudinal barrier	Unknown type median with unknown type of longitudinal barrier
Shoulders:	Unknown width of paved shoulders on both east and west sides of roadway	Unknown width of paved shoulders on both east and west sides of roadway
Vertical alignment:	Level per Police Accident Report	Level per Police Accident Report
Horizontal alignment:	Straight per Police Accident Report diagram	Straight per Police Accident Report diagram
Estimated Coefficient of Friction:	Unknown	Unknown
Traffic Density:	Heavy per Case Vehicle's driver	Moderate to heavy per Vehicle #2's driver

TRAFFIC CONTROLS¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	4 x 8 foot flashing arrow board hauled by State highway vehicle alerting traffic of lane reduction	4 x 8 foot flashing arrow board hauled by State highway vehicle alerting traffic of lane reduction
Signs:	Construction and Maintenance warning signs: REDUCED SPEED LIMIT AHEAD, LEFT LANE CLOSED AHEAD	Construction and Maintenance warning signs: REDUCED SPEED LIMIT AHEAD, LEFT LANE CLOSED AHEAD
Markings:	Dashed white lane lines between outside and inside northbound lanes	Dashed white lane lines between outside and inside northbound lanes
Speed Limit:	64 km.p.h. (40 m.p.h.) - reduced because of road maintenance; posted 89 km.p.h. (55 m.p.h.)	64 km.p.h. (40 m.p.h.) - reduced because of road maintenance; posted 89 km.p.h. (55 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1994	1994
Make:	Dodge	Nissan
Model:	Caravan SE	Altima GXE
Body Type:	Minivan, seven-passengers	Four-door sedan, four-passengers
V.I.N.	2B4GH4535RR-----	1N4BU31D3RC-----
Color:	Blue	Unknown
Mileage:	22,868 km (14,210 miles)	116,677 km (72,500 mi)
Engine:	3.0 liters, V-6	2.4 liters, I4
Transmission:	Three-speed automatic	Five-speed manual or four-speed automatic
Steering:	Power-assisted, rack-and-pinion	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear disc or drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Unknown
Active Restraints:	Three-point, manual, lap and shoulder belts in front, second, and rear outboard seating positions; lap belt only at rear center seating position	Two-point, manual, lap belt in front outboard seating positions; three-point, manual, lap and shoulder belts in rear outboard seating positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	Factory installed driver and right front passenger supplemental restraint systems (air bags); two-point motorized shoulder belt in front outboard seating positions
Defects:	None	Unknown
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Driven away

VEHICLE DAMAGE²

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
<u>Damage location</u>		
Damaged Plane:	Front	Rear
<u>Vertical Location</u>		
On Plane:	Bumper and grille	Unknown
Direct Begins:	Unknown ²	Unknown
Length Direct:	Unknown ²	Unknown
Field L:	Unknown ²	Unknown
C ₁ :	Unknown ²	Unknown
C ₂ :	Unknown ²	Unknown
C ₃ :	Unknown ²	Unknown
C ₄ :	Unknown ²	Unknown
C ₅ :	Unknown ²	Unknown
C ₆ :	Unknown ²	Unknown
D:	Unknown ²	Unknown
Maximum Crush:	Unknown ²	Unknown
Location:	Unknown ²	Unknown
CDC:	12-FDEW-1	Unknown
Damaged Components:	Bumper, grille, both headlight assemblies, and hood	Unknown
<u>INTERIOR</u>		
Damaged Components:	Driver and right front passenger air bag modules	Unknown
Other Evidence of Occupant Contact:	Glovebox door and right front passenger side sunvisor and roof	Unknown
Manual Restraint System Failures:	None	Unknown
Seat Performance Failures:	None	Unknown
<u>REPAIR</u>		
Cost Estimate:	\$5,639	Unknown

² The case vehicle was partially repaired in Pennsylvania so that it could be driven back to Canada. As a result the exact crush profile was unknown at the time of this contractor's vehicle inspection.

VEHICLE VELOCITY ESTIMATES²

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	None	None
Program Algorithm:	Not applicable	Not applicable
Travel Speed ² :	35 km.p.h. (22 m.p.h.)	0 km.p.h. (0 m.p.h.)
Total Delta "V":	Unknown	Unknown
Longitudinal Delta "V":	Unknown	Unknown
Lateral Delta "V":	Unknown	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Caravan) was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway (i.e. two southbound and two northbound lanes) and was intending to continue in its northbound direction of travel. According to the Police Accident Report and vehicle #2's driver, vehicle #2 (Altima) was also traveling north in the same, outside lane of the two-lane, northbound roadway and had stopped due to traffic merging up ahead from the inside lane into the outside traffic lane. According to the Police Accident Report and the driver of Vehicle #2, northbound traffic, in general, was slowing because of road maintenance along the east berm (i.e., left shoulder) causing the inside northbound lane to be closed. According to the case vehicle's driver, he looked away momentarily only to realize upon returning his attention to the traffic ahead that traffic had stopped. According to the case vehicle's driver, he attempted to brake (without lock-up). The case vehicle continued straight ahead prior to impact. According to vehicle #2's driver, he saw the case vehicle coming but made no pre-crash avoidance maneuvers. The crash occurred in the inside northbound lane of the northbound roadway.

CRASH: According to the inspection of the case vehicle, the Police Accident Report, and the interviews with the two drivers, the front of the case vehicle impacted the back of vehicle #2 causing the case vehicle's driver and right front passenger side supplemental restraint systems (air bags) to deploy. Vehicle #2 was equipped with both driver and right front passenger side supplemental restraint systems (air bags), but neither deployed as a result of its rear impact. Although the case vehicle's bumper and radiator had been replaced at the time of this contractor's

² The Police Accident Report indicates that the case vehicle was traveling 64 km.p.h. (40 m.p.h.) prior to the crash. The driver's medical records indicate that the case vehicle impacted vehicle #2 at 80 km.p.h. (50 m.p.h.). The case vehicle's driver indicated that he struck vehicle #2 at 31-40 km.p.h. (20-25 m.p.h.). Given the case vehicle driver's reported braking and that vehicle #2 was driven away, the driver's reported impact speed appears reasonable and not inconsistent with the Police Accident Report. The medically reported speeds appear unreasonable.

COLLISION SEQUENCE (CONTINUED)**Crash: (Continued)**

inspection³, the frontal damage appears to be primarily to the bumper, indicating that the case vehicle driver's attempted avoidance maneuver (braking) occurred just prior to the impact with vehicle #2. According to the case vehicle's driver, the case vehicle continued essentially northward after impact and came to rest no more than a meter (3.3 feet) from where the impact occurred, heading in the same northerly direction. Vehicle #2 most likely was pushed forward after impact and also came to rest heading north in the northbound inside lane. According to the Police Accident Report, both vehicles were found, upon their arrival, on the east shoulder of the northbound Interstate highway.

POST-CRASH:

Occupants: According to the Police Accident Report and the case vehicle's driver, the driver of the case vehicle remained inside the vehicle at final rest. He was conscious and able to exit the vehicle under his own power. According to the Police Accident Report and the case vehicle's driver, the right front passenger remained inside the vehicle at final rest. She was conscious but was unable because of her injuries to exit the case vehicle. According to the Police Accident Report and the case vehicle's driver, both the driver and the right front passenger were restrained by their available, manual, three-point, lap and shoulder belts. According to the Police Accident Report and the driver of vehicle #2, he was using his available restraints. According to the driver, his restraints included a manual, two-point lap belt and an automatic, motorized, two-point shoulder belt.

Police: The investigating police agency was notified of the accident immediately by a maintenance attendant who witnessed the crash and arrived on-scene within five minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: According to the Police Accident Report, the driver was transported by a police vehicle to a medical facility where, according to the driver, he was treated and released. According to the driver's interview and medical records, he sustained abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. According to the Police Accident Report, the case vehicle's driver, and the right front passenger's medical records, she was transported by ambulance to a medical facility where she was hospitalized. The occupant subsequently expired two days later in the hospital. According to the right front passenger's medical records, she sustained a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar

³ These components were replaced so that the case vehicle could be driven home to Canada where it was subsequently repaired.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

artery; multiple facial contusions; a right eyebrow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers.

According to the Police Accident Report and the driver of vehicle #2, he was not transported and did not require medical attention. In addition, according to vehicle #2's driver, he was not injured.

Removal: Following the police investigation, the case vehicle was towed from the scene, and vehicle #2 was driven away.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	75 year-old	58 year-old
Sex:	Male	Male
Height:	175 cm (69 in)	188 cm (74 in)
Weight:	70 kg (155 lbs)	91 kg (200 lbs)
Occupation:	Retired	Salesman
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Two-point lap belt/used
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag / air bag deployed	Motorized two-point shoulder belt/used; factory installed air bag/air bag did not deploy
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Interviewee (belt and air bag) and Police Accident Report (belt)
Eyeglasses/contacts:	Eyeglasses	Unknown
Vehicle Familiarity:	22 months, 20,000 km (12,427 mi) total	19 months, 80,467 km (50,000 mi) last 12 months
Route Familiarity:	Very infrequently, second time on road	Two times a month

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

<u>DRIVERS:</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Trip Plan:	Social/recreational (Florida) to home	Work (sales call) to restaurant
Manner of Leaving Scene:	With police per Police Accident Report	Driven away
Type of Medical Treatment:	Treated and released	None
<u>RIGHT FRONT PASSENGER:</u>	<u>Case Vehicle</u>	
Age:	98 year-old	
Sex:	Female	
Height:	160 cm (63 in) per case vehicle's driver; 163 cm (64 in) per medical records	
Weight:	47 kg (103 lbs) per case vehicle's driver; 57 kg (126 lbs) per medical records	
Active Restraint System/Usage:	3-point lap and shoulder/Used	
Usage Source:	Vehicle inspection, interviewee, Police Accident Report	
Passive Restraint System/Usage:	Right front air bag/Deployed	
Usage Source:	Vehicle inspection, interviewee, Police accident Report	
Eyeglasses/contacts:	Eyeglasses	
Manner of Leaving Scene:	Ambulance	
Type of Medical Treatment:	Hospitalized, subsequently died in hospital	

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left side of bridge of nose	390202.1,4	3	Air bag, driver's side and glasses	{Certain}
Abrasion dorsum right hand	790202.1,1	3	Center dash and below	{Possible}
Abrasions right pre-patellar and mid-tibial regions	890202.1,1	3	Left lower dash	{Probable}
Contusions, not further specified	990400.1,9	3	Unknown	{Unknown}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{5,6,7,8,9,10}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Brain stem herniation ⁵	140202.5,8	2	Air bag, passenger's side	{Probable} ⁹
Hematoma, subdural, over right ⁶ cerebrum	140650.4,1	2	Air bag, passenger's side	{Certain}
Contusion ⁷ right frontal lobe	140606.3,1	2	Air bag, passenger's side	{Certain}
Edema, diffuse, on right with asymmetry of ventricles ⁸	140670.3,1	2	Air bag, passenger's side	{Certain}
Fracture, open, comminuted, displaced, right distal ulna with ulnar nerve injury	753206.3,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Fracture, comminuted, impacted, right distal radius	752804.3,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Dislocation right ulnar carpal articulation	751430.2,1	3	Roof near right front sunvisor	{Probable} ¹⁰
Injury to ulnar artery	721099.1,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Contusion {bruising} right forehead	290402.1,7	2	Air bag, passenger's side	{Certain}
Laceration, 2-3 millimeters (0.1 inch) over right eye-brow ridge	290602.1,7	3	Air bag, passenger's side and eyeglasses	{Certain}
Contusion {bruising} below right eye	290402.1,1	2	Air bag, passenger's side	{Certain}

⁵ According to this patient's Discharge Summary, she "was somewhat more alert (*i.e., on the first day post-crash*) than she was the day of the accident. A repeat CT scan was obtained which did show improvement of the subdural hematoma. She continued to progress well throughout the day." In the evening of the second post-crash day, "the patient did develop a hypertensive episode which was managed Immediately, though, after the episode the patient began to exhibit signs of neurologic deterioration. Her pupils became fixed and dilated. She began to decerebrate posture and began to have an up going Babinski sign. Throughout that day (*i.e., evening*) and into the morning (*i.e., second post-crash day*), she continued in this status. Approximately 11 a.m. this morning the patient began to bradycardia. She eventually bradied down and became asystolic with the time of death being ... this morning. ... the cause of death is secondary to a brain stem herniation due to an enlargement of this (*i.e., subdural*) hematoma.

⁶ The subdural hematoma was initially detected (on CAT scan) as overlying the right frontal, parietal, and temporal lobes. A second CAT scan noted the hematoma as overlying the frontal and parietal lobes.

⁷ The initial CAT scan identified a hypodensity at the corticomedullary junction on the right frontal lobe near the vertex. Initially, this injury was described as probably a shear (*i.e., diffuse axonal-white matter shearing*) injury. After the second CAT scan, the diagnosis was changed to contusion and possibly a shear injury.

⁸ This patient had a suspected left lateral intraventricular hemorrhage; however, she died before this lesion could be confirmed, and no autopsy was performed.

⁹ It is possible that the fatal buildup of blood that caused the brain stem compression (herniation) had nothing to do with the subdural hematoma. The hypertension which subsequently developed on the first post-crash day could have caused another blood vessel in her brain, given her age, to rupture and cause the hemorrhagic pressure.

¹⁰ It is possible that the right front passenger's right wrist was struck with sufficient force by her deploying air bag that the air bag injured her distal right forearm/wrist.

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion {ecchymosis} with edema right lower lip	290402.1,8	2	Air bag, passenger's side	{Certain}
Contusion {ecchymosis} with edema right hand	790402.1,1	3	Sunvisor, right front	{Probable} ¹⁰
Laceration over dorsum of right fingers	790600.1,1	3	Sunvisor, right front	{Possible} ¹⁰

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, prior to the crash he was: sitting in an upright position with the right side of his back against the seatback, partially turned to the right toward the right front passenger (i.e., his wife), his left hand was on the steering wheel, his right hand was outstretched towards the right front passenger--attempting to retrieve a cigarette, his left foot was on the floor, and his right foot was on the brake slowing his vehicle. However, in this contractor's opinion, immediately prior to the crash he was normally postured [i.e., back against the seatback, facing forward looking at vehicle #2, and his right arm most likely either near (i.e., returning his right arm toward the steering wheel) or on the steering wheel]. According to the vehicle inspection, the driver's seat track position was found in the rearmost position. According to the driver, he normally drives with the seat track located between its middle and forward-most position¹¹ and the seatback in the upright position. According to the vehicle inspection and the case vehicle's driver, the vehicle's tilt steering wheel was located in its middle position. According to the Police Accident Report and the case vehicle's driver, he was wearing his available, active, three-point, lap and shoulder belt. The vehicle inspection showed no conclusive evidence of usage during the impact. According to the case vehicle's driver, he braked¹² just prior to the crash. As a result of this avoidance maneuver, the case vehicle's driver most likely moved forward, slightly loading his available safety belts.

Based on the Police Accident Report, the vehicle inspection, the interview with the driver, and occupant kinematic principles, the case vehicle's frontal impact, with vehicle #2, not only deployed the driver side air bag, but thrust the driver forward and slightly upward, loading his

¹¹ It is unclear why the driver's seat was located at its rearmost track position given the driver's indicated normal position.

¹² According to the case vehicle's driver, he did not lockup his brakes. Since the driver indicated that the vehicle was slowing prior to his recognition of the impending collision, the driver, most likely, pressed harder on the brake after realization of the impending collision.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

three-point, lap and shoulder belt. According to the case vehicle's driver, upon impact he could not recall how he moved, other than recalling that he struck his air bag. The vehicle inspection revealed what appeared to be skin on the driver's air bag; see **SELECTED PHOTOGRAPHS #10** and **#11**. This evidence indicates that the driver moved forward at impact, concurring with the driver's recollection and occupant kinematic principles. According to the case vehicle's driver and his medical records, he sustained a contusion to the bridge of his nose when to his eyeglasses were shoved into his face when he struck the deploying air bag. The case vehicle's active, three-point, lap and shoulder belt and driver side supplemental restraint system (air bag) performed as designed and kept the driver from sustaining any serious injuries.

The case vehicle's driver most likely rebounded rearward after his vehicle's impact with vehicle #2. At final rest, according to the case vehicle's driver, he could not recall how he was positioned, but he did not believe that he was out of his original seating position.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver, just prior to the crash the right front passenger (i.e., his wife) was abnormally postured (i.e., sitting in an upright position with her lower back against the seatback, her upper body most likely turned slightly to the left to hand¹³ the driver a cigarette, and both her feet on the floor). According to the vehicle inspection, the right front passenger's seat track position was found in the rearmost position. According to the case vehicle's driver, she normally sits with the seat track located between its middle and forward-most position and the seatback in the upright position. According to the Police Accident Report and the case vehicle's driver, she was wearing her available, active, three-point, lap and shoulder belt. The vehicle inspection showed definite usage including skin transfers on the torso portion from her arms and blood on the lap and torso belt portions; see **SELECTED PHOTOGRAPHS #23** through **#25**. As a result of the driver's avoidance maneuver, the right front passenger most likely moved forward, slightly loading her available safety belts.

Based on the Police Accident Report, the vehicle inspection, the interview with the driver, and occupant kinematic principles, the case vehicle's frontal impact not only deployed the right front passenger side air bag, but thrust the right front passenger forward and slightly upward--leading with her right side, loading her three-point, lap and shoulder belt. Because this occupant was turned, her abnormal posture most likely enabled her torso to move further forward toward the passenger side air bag module than she would have had she been normally postured. According to the case vehicle's driver and the vehicle inspection, the right front passenger's right forearm and wrist were near shoulder¹⁴ level at the time of the air bag's deployment, because the de-

¹³ It is unknown which hand she had the cigarette in. She may have used her left hand; she may have used her right hand. According to the case vehicle's driver, he thought that she had turned toward him in the process. This means that her right shoulder had moved forward toward the air bag module just prior to the crash.

¹⁴ Although the exact sequence is unknown, it is most likely that the right front passenger handed the driver a cigarette with her right hand and was rotating her torso back toward the right at the time of deployment.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

ploying air bag first struck the right wrist and forearm propelling them upwards and to the right¹⁵ into the roof and right front sunvisor. According to the vehicle inspection and her medical records, the right front passenger's head and face impacted the air bag. An inspection of the right front passenger air bag revealed blood and skin transfers in the upper left portion; see **SELECTED PHOTOGRAPHS #15 through #18**. According to her medical records she sustained a contusion to her right forehead, a laceration [2-3 millimeters (0.1 inch)] over the ridge of her right eyebrow, a contusion below her right eye, and contusions to her lower lips from contacting the deploying air bag. These injuries are consistent with this occupant's pre-impact posture. In addition, according to her medical records, the severe brain injuries sustained by the right front passenger were all to the right side of her cerebrum (i.e., right subdural hematoma, right frontal lobe contusion, and right side diffuse cerebral edema). Furthermore, the punch of the air bag caused these severe and subsequently fatal injuries; see footnotes three through seven.

After contacting the air bag, the right front passenger was most likely thrown rearward into her seatback. Her safety belts most likely restricted her upward and lateral motion during her rebound. At final rest this occupant was in her seat. According to the case vehicle's driver, he has no specific recollection regarding her posture post-crash. According to her medical records, she was conscious at the scene and arrive at conscious at the hospital.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 68 cm (26.8 in)	Width: 46 cm (18.1 in) Height: 68 cm (26.8 in)
Number of Vent Holes:	Two	None
Vent Hole Diameter:	3.0 cm (1.2 in)	Not applicable
Vent Hole Clock Positions:	Approximately 11:30 and 12:30 o'clock	Not applicable
Number of Air Bag Tethers:	None	One, 30 cm (12.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 18 cm (7.1 in) Height: 6 cm (2.4 in)	Width: 32 cm (12.6 in) Height: 15 cm (5.9 in)

¹⁵ In this contractor's opinion, it is probable that as her right arm was propelled upwards and to the right side of the case vehicle's roof (see **SELECTED PHOTOGRAPHS #21, #22, and #29**), her head was actually drawn inward toward the deploying air bag.

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Lower Cover Flap		
Dimensions:	Width: 18 cm (7.1 in) Height: 7 cm (2.8 in)	Not applicable
Distance between Dash and Module's Cover Flap:	Not applicable	5 cm (2.0 in)
Generant Residue:	No unusual amount found	No unusual amount found

Appendix A:**SELECTED PHOTOGRAPHS**

A total of thirty color copies of photographs are presented and referenced as Photograph #01 through Photograph #30. All of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's damaged front end; NOTE: bumper and radiator were replaced by used parts in order to make vehicle driveable back to Canada



02: Case Vehicle's undamaged left side and back viewed from approximately 45 degrees left of back

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



03: Case Vehicle's undamaged back and right side viewed from approximately 45 degrees right of back



04: Case Vehicle's right front fender showing induced damage; NOTE: fender was slightly altered to allow right front passenger door to open

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



05: Case Vehicle's damaged front viewed from approximately 45 degrees right of front; NOTE: grille cracked and both amber turn signals broken out



06: Close-up of case vehicle's damaged front end showing cracked grille, broken out left and right turn signals, and direct damage to hood edge (cells C5--D5)

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI

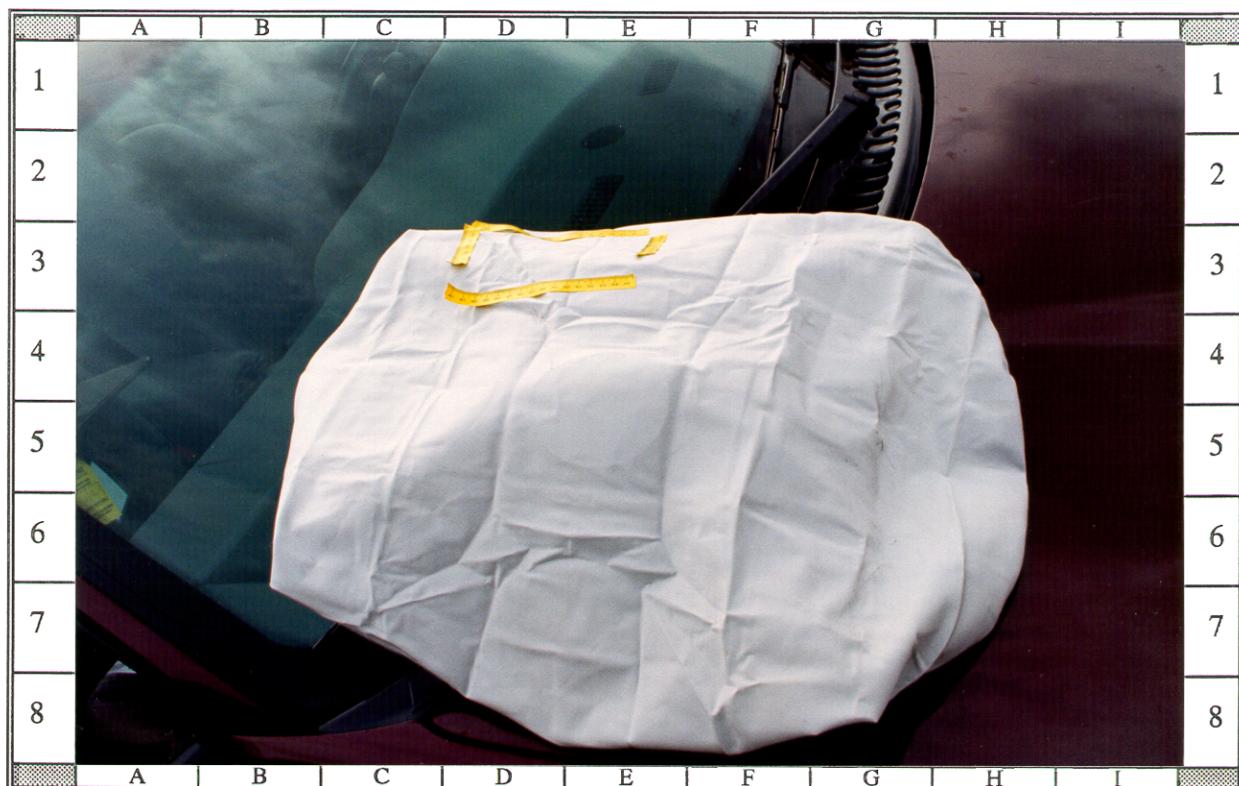


07: Case Vehicle's steering wheel, front dash area, and interior surface of driver's door; NOTE: deployed air bag module was removed so vehicle could be driven



08: Case Vehicle's front seating area, steering assembly, instrument panel, and dash from left showing removed driver air bag and deployed passenger air bag

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI

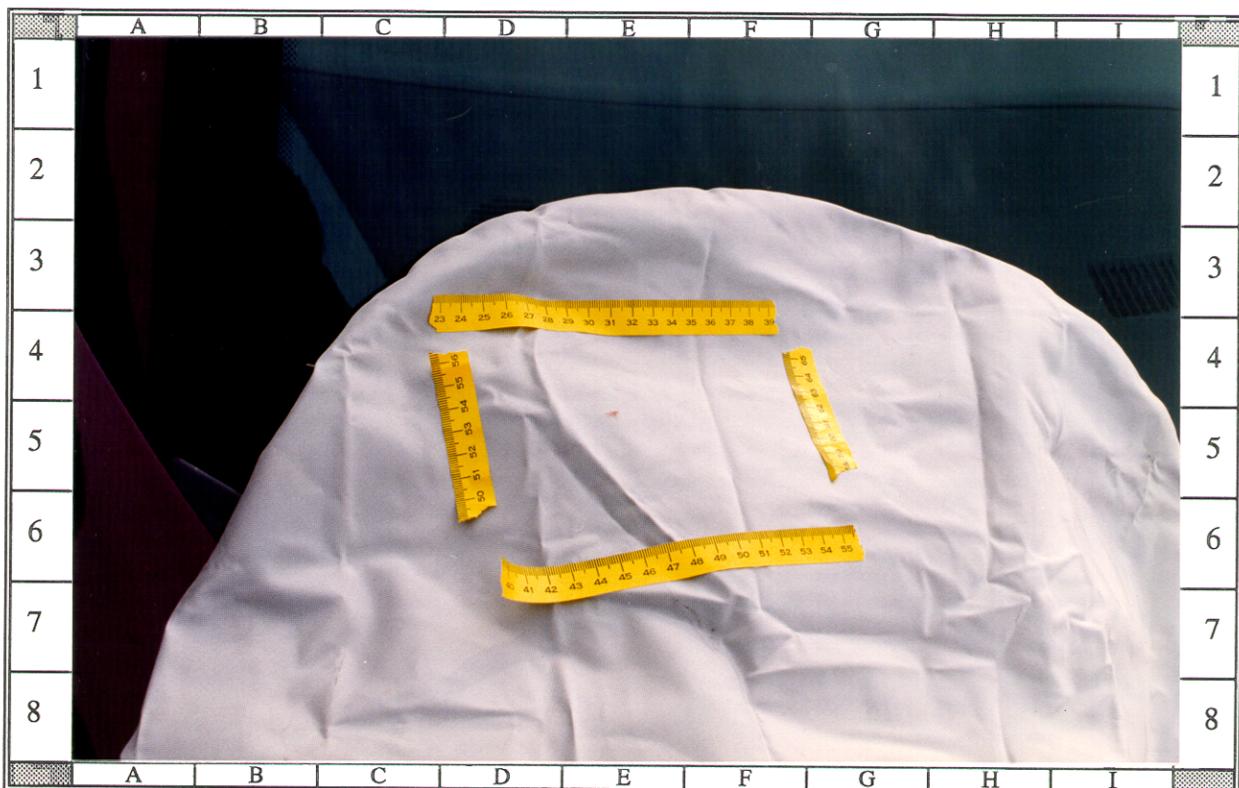


09: Case Vehicle's deployed driver air bag which was removed prior to inspection;
NOTE: yellow tape highlights driver's facial contact area



10: Elongated view of Case Vehicle's deployed driver air bag showing (highlighted with yellow tape) driver's facial contacted area on left upper portion of air bag

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



11: Close-up of driver's contact area on Case Vehicle's deployed driver air bag



12: Case Vehicle's deployed driver air bag showing twin air vent holes located at approximately the 11:30 and 12:30 o'clock positions

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



13: Case Vehicle's driver seating and center console areas showing no evidence of contact to greenhouse area; NOTE: cracked and displaced rearview mirror



14: Close-up of Case Vehicle's cracked and displaced rearview mirror; NOTE: mirror was most likely cracked during deployment of passenger air bag

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



15: Case Vehicle's passenger seating area showing contacted air bag, damaged rear-view mirror, and other contacts to right side sunvisor and roof

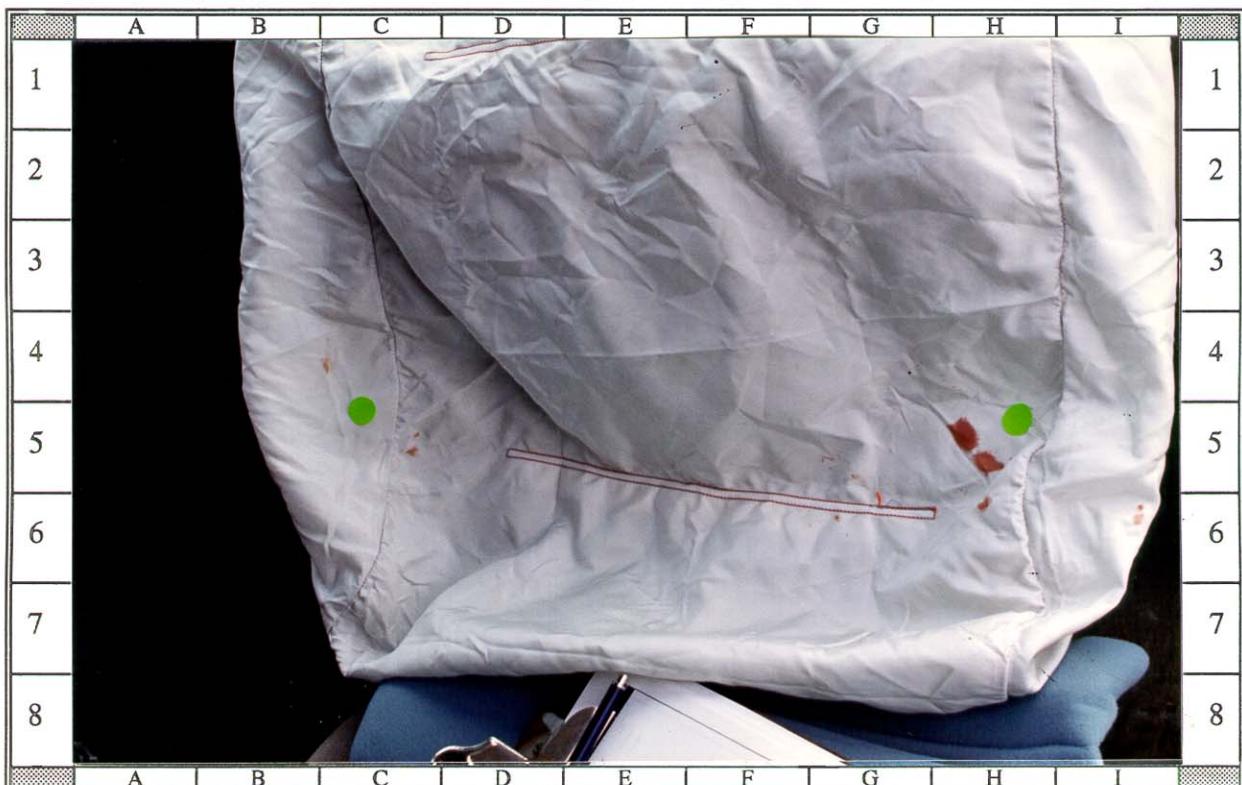


16: Close-up view of Case Vehicle's deployed right front passenger air bag showing contact evidence within taped area (cells C2--D3) and blood spots (cells F6--G6)

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



17: Closer-up view of Case Vehicle's deployed right front passenger air bag showing highlighted contact area on deployed air bag; NOTE: red spots (cell G3)

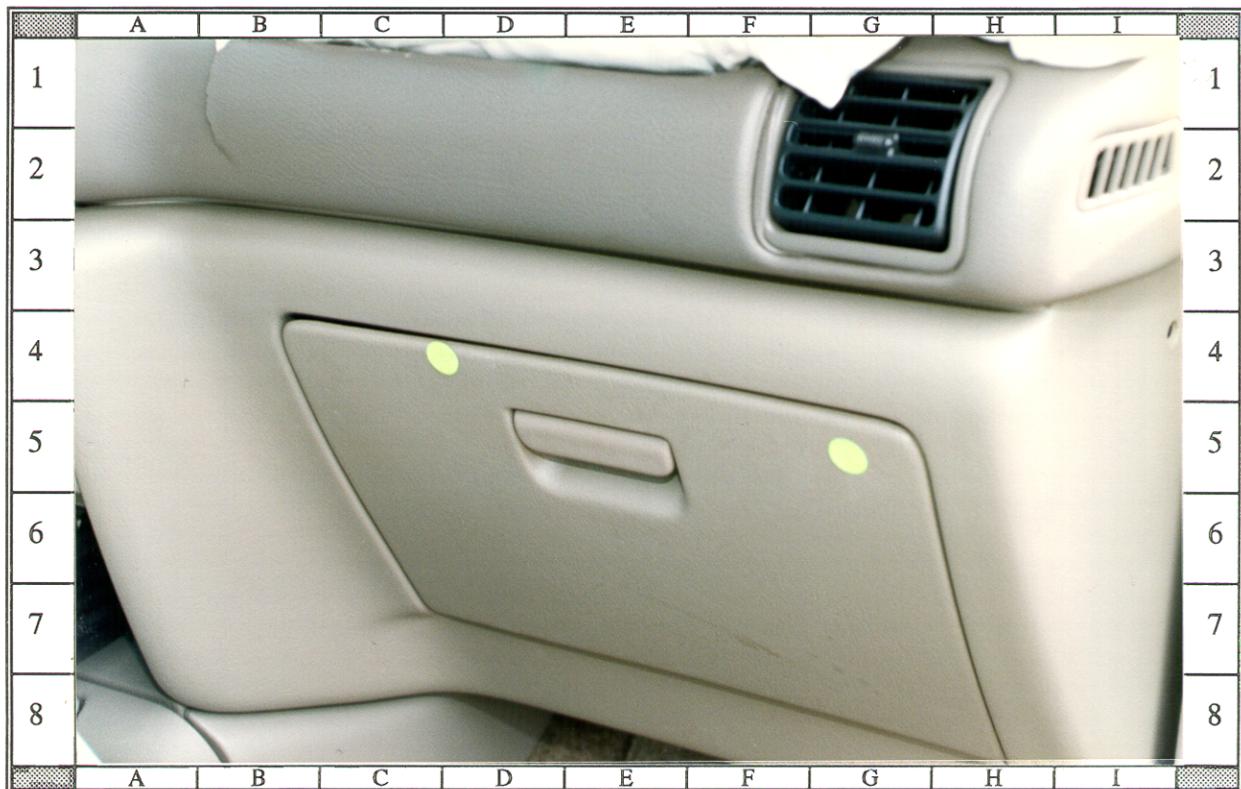


18: Close-up view of blood spots (green dots) on Case Vehicle's deployed right front passenger air bag (cells C4--C5 and G5--I6)

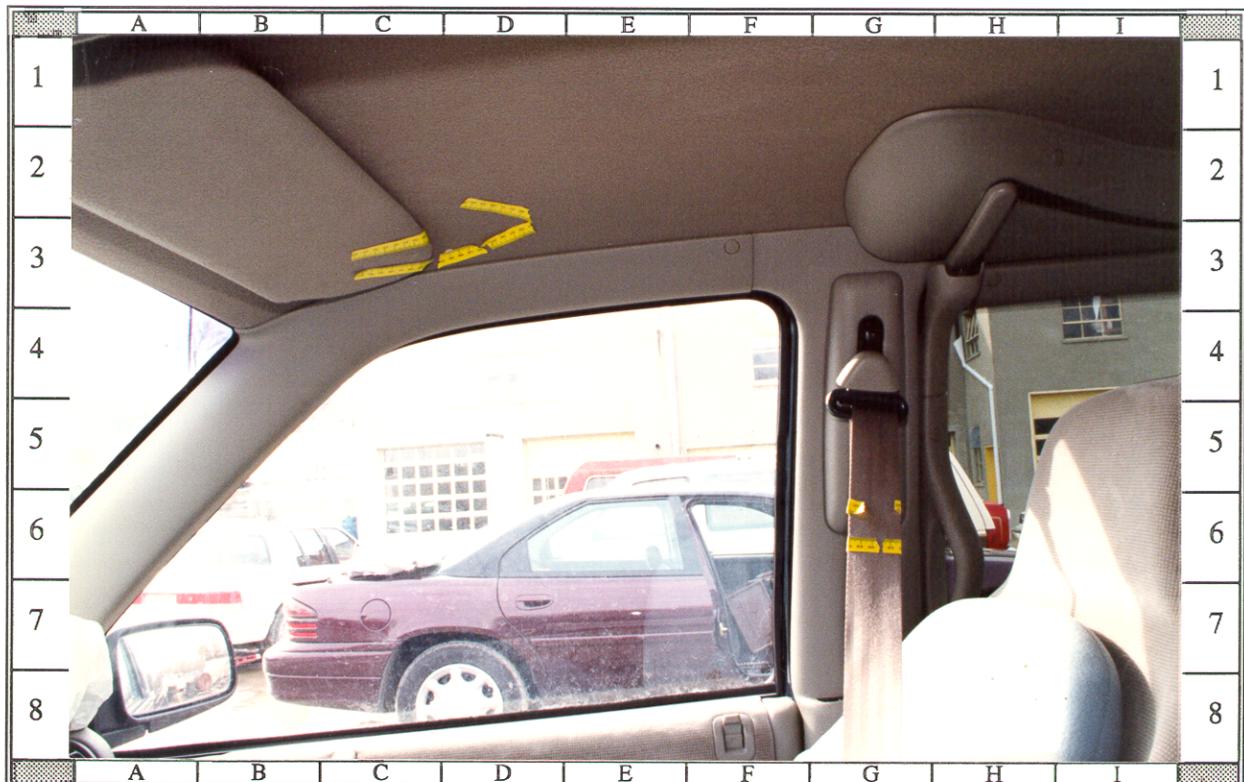
Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



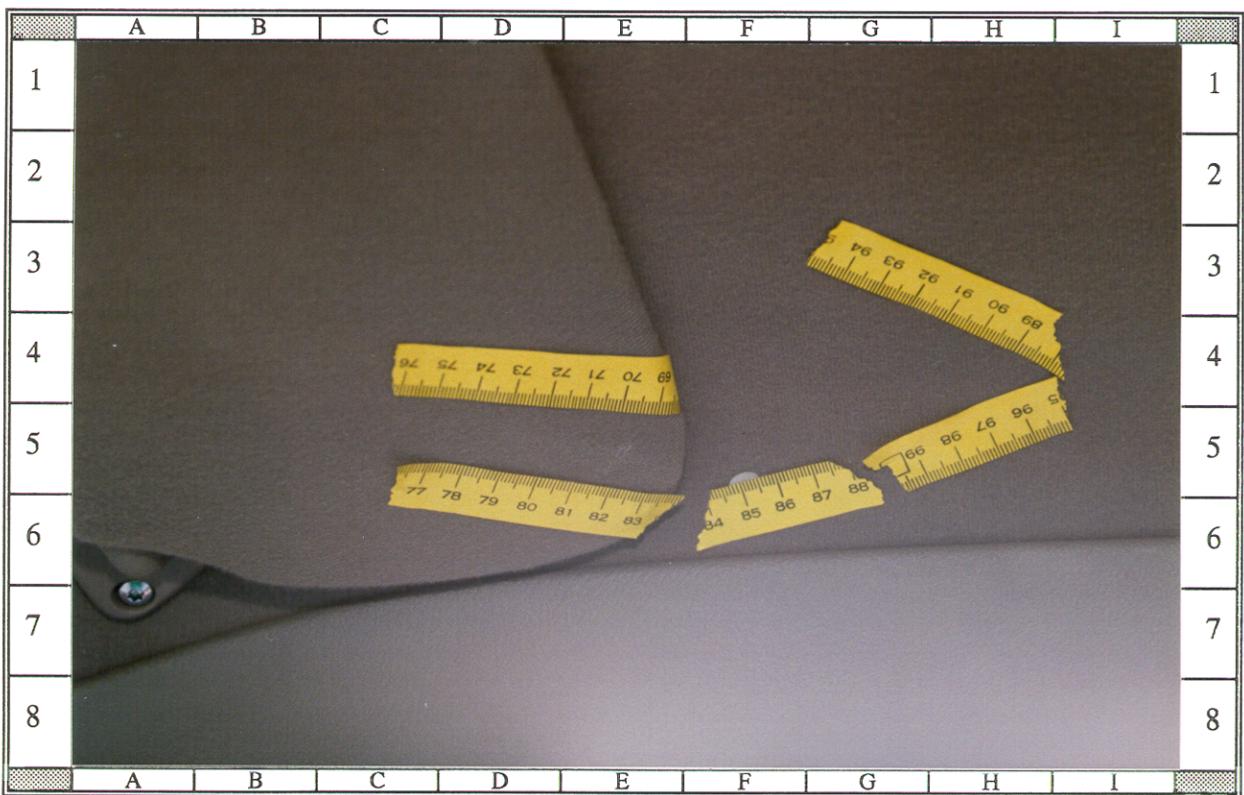
19: Close-up of module cover flap from Case Vehicle's deployed right front passenger air bag; NOTE: no evidence of contact on module's cover flap



20: Case Vehicle's right knee bolster area and glovebox door, which was most likely contacted by passenger's knees; NOTE: crack below left side of cover flap



21: Case Vehicle's right side sunvisor and roof area which was most likely contacted by right front passenger's right forearm and wrist



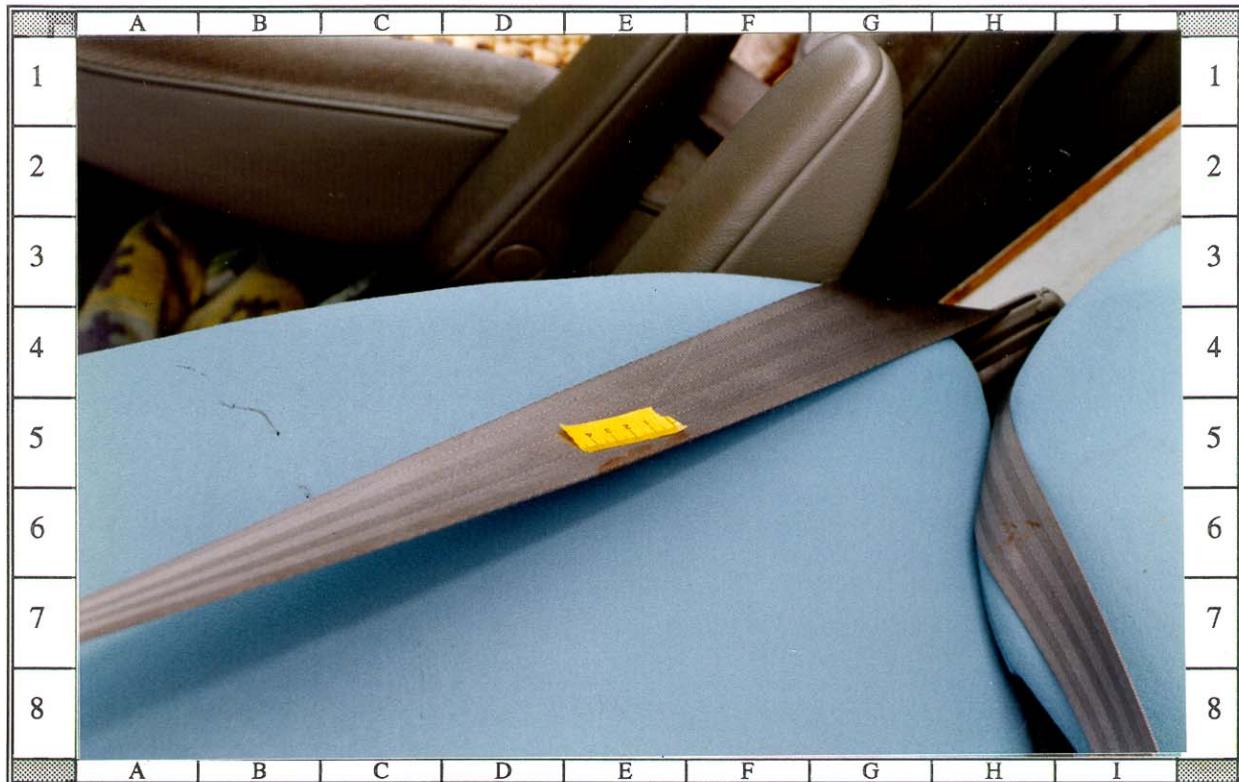
22: Close-up of Case Vehicle's sunvisor and roof area showing skin transfer from passenger's right forearm and wrist; NOTE: arm deflected by deploying air bag



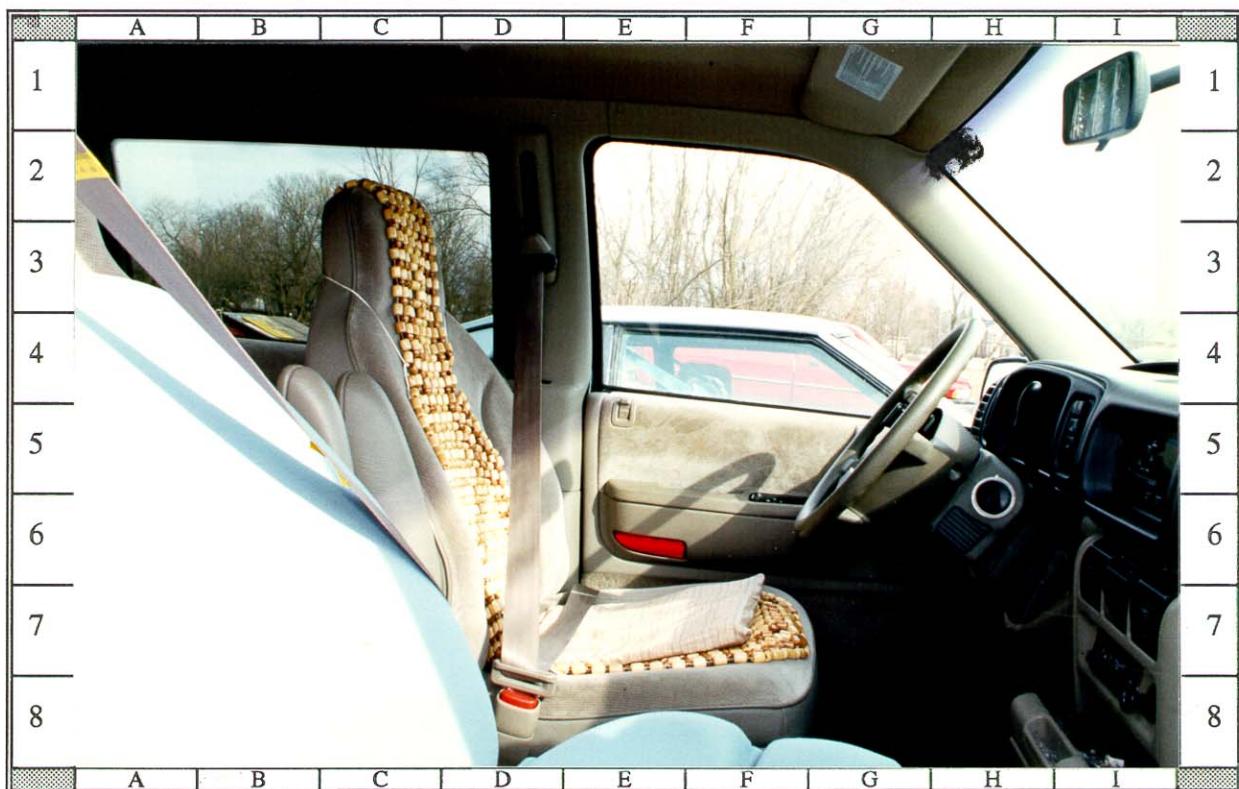
23: Case Vehicle's right front, 3-point, lap and shoulder belt showing passenger's skin transfer and blood stains on webbing (i.e., taped areas)



24: Close-up of skin transfer on torso webbing, near right shoulder area, of Case Vehicle's right front, 3-point, lap and shoulder belt, confirming usage



25: Close-up of blood stain on torso webbing, near center of chest, of Case Vehicle's right front, 3-point, lap and shoulder belt, confirming usage



26: Case Vehicle's driver seating area from right showing adjustable shoulder anchorage at lowest position and undeformed steering wheel rim

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI

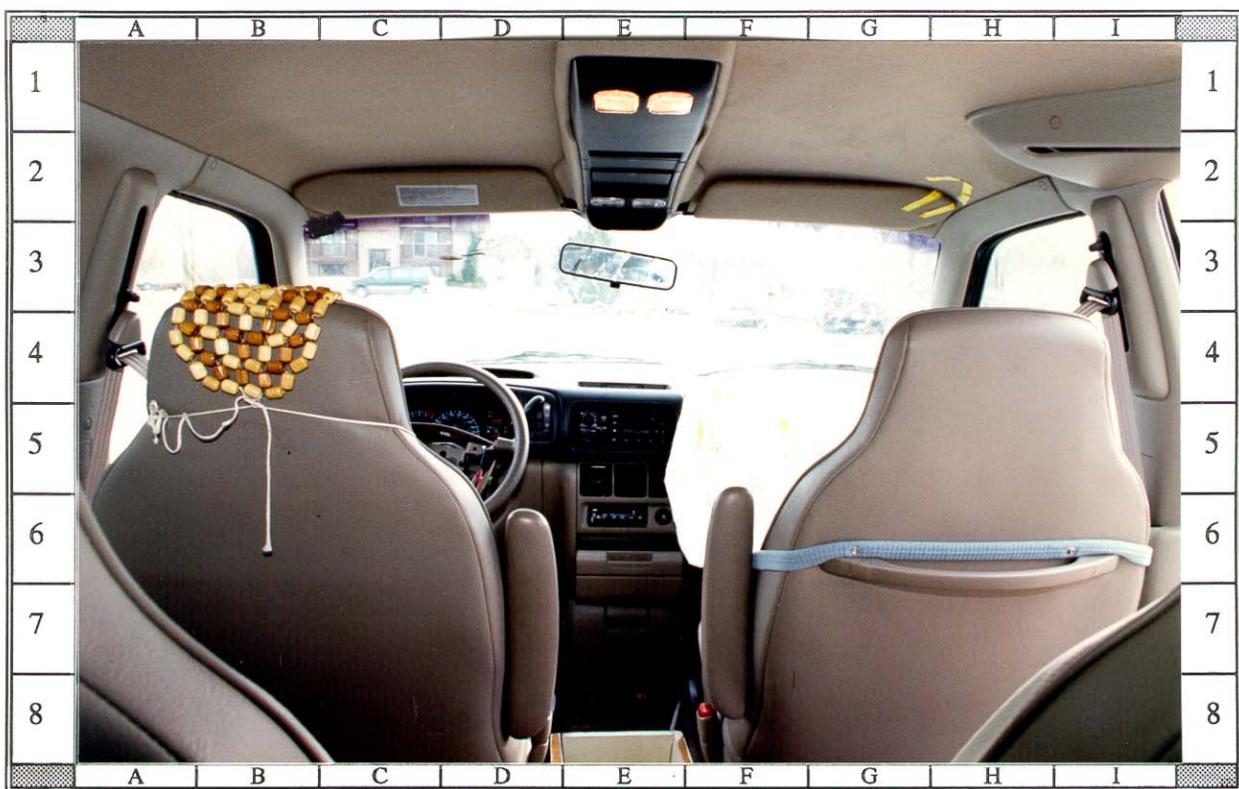


27: Case Vehicle's front seating area, steering assembly, and interior surface of passenger's door showing deployed and contacted passenger air bag



28: Interior surface of Case Vehicle's right front door and window; NOTE: no evidence of contact

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



29: Case Vehicle's driver and passenger seatbacks, greenhouse area, roof, front headrests, and center console showing damaged rearview mirror and right side contacts



30: Interior view of Case Vehicle's second and rear seating areas; NOTE: 3-point restraints at second and rear outboard seating positions

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI

POLICE ACCIDENT REPORT

78. RESPONDING EMS AGENCY							AMBULANCE		INCIDENT #:								
79. MEDICAL FACILITY							ACCIDENT DATE: 196										
80. PEOPLE INFORMATION																	
B	C	D	E	F	G	NAME	ADDRESS		H	I	J	K	L	M			
1	1	M	75	3	1	1. OPR#1			4	2	1	A	0	5			
1	3	F	98	3	1	1	SAME ADDRESS AS OPR#1		3	3	1	A	0	1			
2	1	M	58	3	1	0 OPR#2			0	0	0	B	0	0			
81. ILLUMINATION		2		82. WEATHER		0		86. DIAGRAM									
83. ROAD SURFACE		1															
84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)																	
85. DESCRIPTION OF DAMAGED PROPERTY																	
OWNER: NONE																	
ADDRESS:																	
PHONE:																	
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS, LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																	
<p>UNIT #2 WAS TRAVELING NORTH ON [REDACTED] FOLLOWED BY UNIT #1. UNIT #2 STOPPED FOR MERGING TRAFFIC IN TEMPORARY CONSTRUCTION ZONE WHERE 2 NB LANES WERE MERGED INTO RIGHT LANE TRAFFIC. UNIT #1 FAILED TO STOP AND STRUCK UNIT #2. UNIT #1 AND UNIT #2 BOTH PARKED ALONG EAST BERM AFTER ACCIDENT. BOTH UNITS WERE TRAVELING NORTH IN THE RIGHT LANE PRIOR TO THE ACCIDENT. PARKED, WERE THEIR POSITIONS UPON ARRIVAL. NO SKID MARKS OBSERVED</p> <p>OPR#1 RELATED AT THE SCENE AT 1220 HRS THAT HE DID NOT SEE THE CAR STOP AND HIT HIM. [REDACTED] ISSUED.</p> <p>OPR#2 RELATED AT THE SCENE AT 1225 HRS THAT HE STOPPED FOR TRAFFIC AND GOT HIT FROM BEHIND</p>																	
WITNESS:								RELATED: <input checked="" type="checkbox"/> MORE									
INSURANCE INFORMATION		COMPANY: [REDACTED]						INSURANCE INFORMATION		COMPANY: [REDACTED] NJ							
UNIT 1		POLICY NO: [REDACTED]						UNIT 2		POLICY NO: [REDACTED]							
88. WITNESSES		NAME: [REDACTED]						ADDRESS: [REDACTED]						PHONE: [REDACTED]			
NAME: [REDACTED]		ADDRESS: [REDACTED]						ADDRESS: [REDACTED]						PHONE: [REDACTED]			
89. VIOLATIONS INDICATED								90. SECTION NUMBERS (ONLY IF CHARGED)								TC NTC	
UNIT 1		CARELESS DRIVING						[REDACTED]		[REDACTED]						<input checked="" type="checkbox"/> <input type="checkbox"/>	
UNIT 2		NONE						[REDACTED]		NONE						<input type="checkbox"/> <input type="checkbox"/>	
91. PROBABLE USE UNIT 1		92. TYPE TEST 0		93. RESULTS 0. %		91. PROBABLE USE UNIT 2		92. TYPE TEST 0		93. RESULTS 0. %		94. INVESTIGATION COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

REPORTABLE NON - REPORTABLE

PENNDOT USE ONLY

REFER TO OVERLAY SHEETS

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER				20. COUNTY		CODE	
2. AGENCY NAME		PENNA STATE POLICE		21. MUNICIPALITY		CODE	
3. STATION/PRECINCT				22. ROUTE NO. OR STREET NAME			
5. INVESTIGATOR		BADGE NUMBER		23. SPEED LIMIT		(24) TYPE HIGHWAY 55 (25) ACCESS CONTROL 2	
6. APPROVING OFFICER		BADGE NUMBER					
7. INVESTIGATION DATE		8. ARRIVAL TIME		PRINCIPAL ROADWAY INFORMATION			
ACCIDENT INFORMATION				INTERSECTING ROAD:			
9. ACCIDENT DATE		10. DAY OF WEEK		26. ROUTE NO. OR STREET NAME			
11. TIME OF DAY		12. NUMBER OF UNITS		27. SPEED LIMIT		(28) TYPE HIGHWAY	
13. # KILLED 0		14. # INJURED 2		15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		29. ACCESS CONTROL	
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE? UNIT 1 <input type="checkbox"/> UNIT 2 <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		17. VEHICLE DAMAGE 0 - NONE UNIT 1 <input type="checkbox"/> Z 1 - LIGHT <input type="checkbox"/> 2 - MODERATE <input type="checkbox"/> 3 - SEVERE UNIT 2 <input type="checkbox"/> Z		30. CROSS STREET OR SEGMENT MARKER			
18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		19. PENNDOT PROPERTY Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		31. DIRECTION FROM SITE N S E W		32. DISTANCE FROM SITE 200 FT. MI.	
UNIT #1				33. DISTANCE WAS MEASURED <input type="checkbox"/> ESTIMATED <input checked="" type="checkbox"/>			
36. LEGALLY PARKED? Y <input type="checkbox"/> N <input type="checkbox"/> 37. REG. PLATE		38. STATE		36. LEGALLY PARKED? Y <input type="checkbox"/> N <input type="checkbox"/> 37. REG. PLATE		38. STATE NJ	
39. PA TITLE OR OUT-OF-STATE VIN				39. PA TITLE OR OUT-OF-STATE VIN			
40. OWNER				40. OWNER			
41. OWNER ADDRESS				41. OWNER ADDRESS			
42. CITY, STATE & ZIPCODE				42. CITY, STATE & ZIPCODE		NJ	
43. YEAR 99		44. MAKE DODGE		43. YEAR 99		44. MAKE NISSAN	
45. MODEL - (NOT BODY TYPE) CARAVAN		46. INS. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		45. MODEL - (NOT BODY TYPE) ALTIMA		46. INS. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
47. BODY TYPE 06		48. SPECIAL USAGE 0		49. VEHICLE OWNERSHIP 1		47. BODY TYPE 4	
50. INITIAL IMPACT POINT 12		51. VEHICLE STATUS 0		52. TRAVEL SPEED 40		48. SPECIAL USAGE 0	
53. VEHICLE GRADIENT 1		54. DRIVER PRESENCE 1		55. DRIVER CONDITION 1		49. VEHICLE OWNERSHIP 1	
56. DRIVER NUMBER		57. STATE ONTARIO		56. DRIVER NUMBER		57. STATE NJ	
58. DRIVER NAME				58. DRIVER NAME			
59. DRIVER ADDRESS				59. DRIVER ADDRESS			
60. CITY, STATE & ZIPCODE				60. CITY, STATE & ZIPCODE			
61. SEX M		62. DATE OF BIRTH 12/20/15		63. PHONE		61. SEX M	
64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> CLASS		65. DRIVER SS#		66. DRIVER SS#		62. DATE OF BIRTH 13/7/58	
67. CARRIER				67. CARRIER			
68. CARRIER ADDRESS				68. CARRIER ADDRESS			
69. CITY, STATE & ZIPCODE				69. CITY, STATE & ZIPCODE			
70. USDOT #		ICC #		PUC #		70. USDOT #	
72. VEH. CONFIG.		73. CARGO BODY TYPE		74. GVWR		72. VEH. CONFIG.	
75. NO. OF AXLES		76. HAZARDOUS MATERIALS		77. RELEASE OF HAZ MAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		73. CARGO BODY TYPE	
						74. GVWR	
						77. RELEASE OF HAZ MAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT SUPPLEMENTAL

REPORTABLE NON-REPORTABLE

PENNDOT USE ONLY

XX. REFER TO OVERLAY SHEETS

POLICE INFORMATION		ACCIDENT TIME & LOCATION		
1. INCIDENT NUMBER		9. ACCIDENT DATE	96	10. DAY OF WEEK
2. AGENCY NAME	STATE POLICE	11. TIME OF DAY	1205	12. NUMBER OF UNITS
3. STATION/PRECINCT		13. # KILLED		14. # INJURED
5. INVESTIGATOR	BADGE NUMBER	15. PRIV. PROP. ACCIDENT	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	CODE
6. APPROVED BY	BADGE NUMBER	20. COUNTY		CODE
		21. MUNICIPALITY		CODE

UNIT #: _____ - COMPLETE ONLY THE INFORMATION THAT HAS CHANGED SINCE ORIGINAL REPORT

36. LEGALLY PARKED Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	37. REG. PLATE	38. STATE	58. DRIVER NAME		
39. PA TITLE OR OUT-OF-STATE VIN		59. DRIVER ADDRESS			
40. OWNER		60. CITY, STATE & ZIPCODE			
41. OWNER ADDRESS		61. SEX	62. DATE OF BIRTH		
42. CITY, STATE & ZIPCODE		64. COMM VEH Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	65. DRIVER CLASS		
43. YEAR	44. MAKE	66. DRIVER S. S. #			
45. MODEL (NOT BODY TYPE)		46. INSURANCE Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	68. CARRIER ADDRESS		
(47) BODY TYPE	(48) SPECIAL USAGE	(49) VEHICLE OWNERSHIP	69. CITY, STATE & ZIPCODE		
(50) INITIAL IMPACT POINT	(51) VEHICLE STATUS	(52) TRAVEL SPEED	70. USDOT #	ICC #	PUC #
(53) VEHICLE GRADIENT	(54) DRIVER PRESENCE	(55) DRIVER CONDITION	(72) VEHICLE CONFIG.	(73) CARGO BODY TYPE	74. GVWR
56. DRIVER NUMBER		57. STATE	75. NO. OF AXLES	76. HAZARDOUS MATERIALS	77. RELEASE OF HAZ MAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS					

ON 96 THIS OFFICER WAS ADVISED THAT PASSENGER IN UNIT #1 HAD DIED OF INJURIES INCURRED IN THE ACCIDENT. HEAVY INJURIES WERE INCURRED AND AS A RESULT COMPLICATIONS SET IN ON 96. DEATH WAS DECLARED AT 1120 HRS. CO CORONER ADVISED THAT NO AUTOPSY WOULD BE PERFORMED, HOWEVER HER RULING IS THAT DEATH WAS ACCIDENTAL.

CORONER'S REPORT TO FOLLOW

NEXT OF KIN NOTIFIED BY HOSPITAL PERSONNEL AS DEATH OCCURRED 48 HRS AFTER ACCIDENT

MESSAGE SENT TO 96 0918 HRS.

WITNESS RE INTERVIEWED THIS DATE

COPY OF STATEMENT ATTACHED

PICTURES TAKEN SENT TO HSG FOR DEVELOPING

SUBMITTED 96

INSURANCE INFORMATION	COMPANY	94. INVESTIGATION COMPLETE?
UNIT NO	POLICY NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



**COMMONWEALTH OF PENNSYLVANIA
PAR CONTINUATION SHEET**

XX. REFER TO OVERLAY SHEETS

REPORTABLE **NON-REPORTABLE**

PENNDOT USE ONLY

87. NARRATIVE THAT THE LEAD CAR STOPPED AND THE OTHER GUY DIDN'T
STOP AND HIT HIM. SHE WAS ^(WITNESS) OPR THE PENDOT VEHICLE WITH
THE ARROW GUARD, 40 MPH SPEED SIGN AND LEFT LANE CLOSED
SIGN.

VISIBILITY PRIOR TO THE LANE REDUCTION IS APPROX 1/2 MILE
WITNESS LOCATED ON WEST BERM VERY NEAR ACCIDENT
UNIT #1 TOWED BY [REDACTED] TO [REDACTED] ON [REDACTED]

	89. DESCRIBE VIOLATIONS	90. SECTION NUMBERS (ONLY IF CHARGED)	TC	NTC				
UNIT 1			<input type="checkbox"/>	<input type="checkbox"/>				
UNIT 2			<input type="checkbox"/>	<input type="checkbox"/>				
UNIT 1	91. PROBABLE USE <input type="checkbox"/> TEST	92. TYPE TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	93. RESULTS 0. ____ % <input type="checkbox"/> UNK	UNIT 2	91. PROBABLE USE <input type="checkbox"/> TEST	92. TYPE TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	93. RESULTS 0. ____ % <input type="checkbox"/> UNK	94. INVESTIGATION COMPLETE ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

PENNSYLVANIA STATE POLICE
VICTIM/WITNESS STATEMENT FORM

1. VICTIM/WITNESS NAME:	2. INCIDENT NO.:	
3. ADDRESS:	PHONE:	
4. PLACE:	PA	5. DATE/DAY: 96
7. INVESTIGATOR'S NAME:	6. TIME: 1140	
8. BADGE NO.:		

9. STATEMENT:

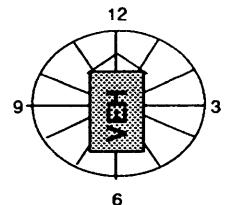
On [REDACTED] at approx 12:00 noon, I was Hauling a 4x8 FLASHING arrow Board on [REDACTED] I.B. I was OFF the Road in the median with the right arrow on. TRAFFIC started to back up due to the left lane closure. The acc. occurred on a straight away. I witnessed Dark color van speeding down toward traffic and I saw the van hit the REAR END gold nissan. I Radised FOR the [REDACTED], Then [REDACTED] Both vehicles pulled onto the shoulder. I ran across to see IF any one was injured Both men were out of the vehicles and I was told she was hurt. I then Radised FOR an ambulance and went back to check her out. She was upset but had good pulse + respiration. I observed her broken wrist and fingers, a gash under her arm and fat lip - She was not bleeding very much. I stayed with her to keep her calm and check her breathing. When the ambulance arrived I returned to my truck and left the scene.

NOTICE
Under Section 4904 of the Pa. Crimes Code, Unsworn falsification to authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE: [REDACTED]

11. PAGE NO.: 5

POLICE ACCIDENT REPORT - Overlay Sheet - 1

ACCIDENT LOCATION FIELDS		47. BODY TYPE (CONTINUED)		47. BODYTYPE (CONTINUED)		50. INITIAL IMPACT POINT			
24. & 28. TYPE HIGHWAY 0 - NOT PHYSICALLY DIVIDED 1 - DIVIDED HIGHWAY - MEDIAN STRIP WITHOUT TRAFFIC BARRIER 2 - DIVIDED HIGHWAY - MEDIAN STRIP WITH TRAFFIC BARRIER N - ONE WAY TRAFFIC NORTH S - ONE WAY TRAFFIC SOUTH E - ONE WAY TRAFFIC EAST W - ONE WAY TRAFFIC WEST		AUTOMOBILES CONTINUED 08 - OTHER AUTOMOBILE 09 - UNKNOWN AUTOMOBILE 10 - AUTOMOBILE BASED PICK-UP 11 - AUTOMOBILE BASED PANEL 12 - SHORT UTILITY 13 - LARGE LIMOUSINE 14 - THREE WHEEL AUTO OR DERIVATIVE		OTHER MOTORIZED VEHICLE 80 - SNOWMOBILE 81 - FARM EQUIPMENT 82 - ATV 83 - CONSTRUCTION EQUIPMENT 88 - OTHER UNSPECIFIED VEHICLE 89 - UNKNOWN OTHER MOTORIZED VEHICLES		0 - NO IMPACT OR CONTACT 1 - 12 CLOCK POINTS 13 - TOP 14 - UNDERCARRIAGE 15 - TOWED UNIT 99 - UNKNOWN			
25. & 29. ACCESS CONTROL 1 - NO CONTROLS (UNLIMITED ACCESS) 2 - FULL CONTROL (ONLY RAMP ENTRY AND EXIT) 8 - OTHER 9 - UNKNOWN		MOTORCYCLES 20 - MOTORCYCLE 21 - MOPED 27 - THREE WHEEL MOTORCYCLE OR MOPED 28 - MINIBIKE, MOTORSOOTER 29 - UNKNOWN MOTORCYCLE		NON-MOTORIZED UNITS 90 - UNICYCLE, BICYCLE, TRICYCLE 91 - OTHER PEDALCYCLE (BIG WHEEL) 92 - UNKNOWN PEDALCYCLE 93 - HORSE AND BUGGY 94 - HORSE AND RIDER					
34. CONSTRUCTION ZONE 0 - NOT APPLICABLE 1 - CONSTRUCTION ZONE 2 - MAINTENANCE ZONE 3 - UTILITY COMPANY WORK 9 - UNKNOWN		BUSES 30 - SCHOOL BUS 31 - CROSS COUNTRY/INTERCITY 32 - TRANSIT BUS 38 - OTHER BUS 39 - UNKNOWN BUS TYPE		TRACK VEHICLES 95 - TRAIN 96 - TROLLEY		51. VEHICLE STATUS 0 - NOT APPLICABLE 1 - LEGALLY PARKED 2 - ILLEGALLY PARKED - ON ROAD 3 - ILLEGALLY PARKED - OFF ROAD 4 - HIT AND RUN 5 - DISABLED FROM PREVIOUS ACCIDENT			
35. TRAFFIC CONTROL DEVICE 0 - NO CONTROLS 1 - FLASHING SIGNALS 2 - TRAFFIC SIGNAL 3 - STOP SIGN 4 - YIELD SIGN 5 - RR CROSSING 6 - POLICE OFFICER OR FLAGMAN 7 - FLASHING SCHOOL ZONE 8 - OTHER 9 - UNKNOWN		VANS 40 - VAN 41 - VAN COMMERCIAL CUTAWAY 42 - VAN BASED MOTORHOME 48 - OTHER VAN TYPE 49 - UNKNOWN VAN TYPE		48. SPECIAL USAGE 0 - NOT APPLICABLE 1 - PUPIL TRANSPORT 2 - FIRE VEHICLE 3 - AMBULANCE 4 - OTHER EMERGENCY VEHICLE 5 - POLICE VEHICLE 6 - TRACTOR TRAILER 7 - TWIN TRAILER 11 - COMMERCIAL PASSENGER 12 - TOWING PASSENGER VEHICLE 13 - TOW TRUCK 14 - TOWING UTILITY TRAILER 15 - TOWING MOBILE OR MODULAR HOME 16 - TOWING CAMPER 20 - MODIFIED VEHICLE		52. TRAVEL SPEED 00 - STOPPED OR PARKED 01 - 97 ACTUAL OR ESTIMATED SPEED 98 - 98 MPH OR GREATER 99 - UNKNOWN			
UNIT INFORMATION FIELDS		LIGHT TRUCKS (GVWR < 10,000#) 50 - PICK - UP 51 - PICKUP WITH SLIDE IN CAMPER 52 - PICKUP BASED MOTORHOME 53 - CAB CHASSIS BASED 54 - TRUCK BASED PANEL 55 - TRUCK BASED STATION WAGON 56 - TRUCK BASED UTILITY 58 - OTHER LIGHT TRUCK 59 - UNKNOWN LIGHT TRUCK TYPE 67 - STATIONWAGON - BASE BODY TYPE UNKNOWN 68 - UTILITY - BASE BODY TYPE UNKNOWN 69 - UNKNOWN LIGHT TRUCK		49. VEHICLE OWNERSHIP 1 - PRIVATE VEHICLE OWNED BY DRIVER 2 - PRIVATE VEHICLE OWNED BY ANOTHER 3 - RENTED VEHICLE 4 - STATE POLICE VEHICLE 5 - PENNDOT VEHICLE 6 - OTHER COMMONWEALTH VEH. 7 - MUNICIPAL POLICE VEHICLE 8 - OTHER MUNICIPAL GOVT VEH 9 - FEDERAL GOVERNMENT VEH. 10 - COMMERCIAL VEHICLE 11 - PUPIL TRANSPORT CARRIER 98 - OTHER 99 - UNKNOWN		53. VEHICLE GRADIENT 1 - LEVEL ROADWAY 2 - UP HILL 3 - DOWN HILL 4 - SAG (BOTTOM OF HILL) 5 - CREST (TOP OF HILL)		IF DRIVER PRESENCE = 2 THEN DO NOT ENTER DATA FOR THE OPERATOR	
47. BODY TYPE		AUTOMOBILES 01 - CONVERTIBLE 02 - 2 DOOR 03 - 3 DOOR (HATCH BACK, 2 DR) 04 - 4 DOOR 05 - 5 DOOR (HATCH BACK, 4 DR) 06 - STATION WAGON 07 - HATCH BACK NUMBER DOORS UNKNOWN		MEDIUM/HEAVY TRUCKS 70 - SINGLE UNIT STRAIGHT TRUCK 73 - MEDIUM/HEAVY TRUCK BASED MOTORHOME 74 - TRUCK TRACTOR (CAB) 75 - UNKNOWN IF SINGLE UNIT OR COMBINATION TRUCK 77 - CAMPER OR MOTORHOME UNKNOWN TRUCK TYPE 79 - UNKNOWN TRUCK TYPE		54. DRIVER PRESENCE 1 - DRIVER OPERATED VEHICLE 2 - DRIVERLESS VEHICLE 3 - DRIVER LEFT SCENE (AFTER ACCIDENT)		55. DRIVER CONDITION 1 - APPEARED NORMAL 2 - HAD BEEN DRINKING 3 - ILLEGAL DRUG USE 4 - SICK 5 - FATIGUE 6 - ASLEEP 7 - MEDICATION 9 - UNKNOWN	

POLICE ACCIDENT REPORT - Overlay Sheet - 2

72. VEHICLE CONFIGURATION 1 - BUS 2 - SINGLE UNIT - (2 AXLES, 6 TIRES) 3 - SINGLE UNIT (3 + AXLES) 4 - TRUCK TRACTOR (BOBTAIL) 5 - TRUCK TRAILER 6 - TRACTOR/SEMI-TRAILER 7 - TRACTOR/DOUBLES 8 - TRACTOR/TRIPLES 9 - UNKNOWN HEAVY TRUCK	80. UNIT NUMBERS - BLOCK A CODE UNIT NUMBERS AS RECORDED ON PAGE 1.	80. TYPE OF INJURY - BLOCK I 0 - NO INJURY 1 - AMPUTATION 2 - BLEEDING WOUND 3 - BROKEN BONES 4 - DISTORTED MEMBER 5 - BRUISES/ABRASIONS 6 - BURNS 7 - SWELLING 8 - LIMPING 9 - COMPLAINT OF PAIN 97 - OTHER INCAPACITATING INJURY 98 - OTHER NON-INCAPACITATING 99 - UNKNOWN	(CONTINUED FROM BELOW) - BLOCK M 2 - HELICOPTER 3 - FIRE RESCUE VEHICLE 4 - PRIVATE VEHICLE 5 - POLICE VEHICLE 8 - OTHER 9 - UNKNOWN
	73. CARGO BODY TYPE 1 - BUS 2 - VAN / ENCLOSED BOX 3 - CARGO TANK 4 - FLATBED 5 - DUMP 6 - CONCRETE MIXER 7 - AUTO TRANSPORT 8 - GARBAGE / REFUSE 9 - OTHER / UNKNOWN	80. SEAT POSITION - BLOCK B 1 - DRIVER 2 - MIDDLE FRONT 3 - RIGHT FRONT 4 - LEFT REAR 5 - MIDDLE REAR 6 - RIGHT REAR 7 - PEDESTRIAN 8 - OTHER SEAT POSITION 9 - UNKNOWN	80. AREA OF APPARENT INJURY - BLOCK J 0 - NO INJURY 1 - FACE 2 - HEAD 3 - NECK 4 - BACK 5 - ARM(S) 6 - LEG(S) 7 - CHEST/STOMACH 8 - INTERNAL 9 - ENTIRE BODY 98 - OTHER AREAS 99 - UNKNOWN
76. HAZARDOUS MATERIALS CODE THE 4 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD OR SELECT ONE OF THE FOLLOWING CODES TO REPRESENT THE PLACARD. 00 - NOT APPLICABLE 01 - NON-FLAMMABLE GAS 02 - COMBUSTIBLE 03 - ORGANIC PEROXIDE 04 - CORROSIVE 05 - EXPLOSIVES "A" 06 - OXYGEN 07 - POISON 08 - EXPLOSIVES "B" 09 - CHLORINE 10 - OXIDIZER 11 - POISONOUS GAS 12 - FUEL OIL 13 - DANGEROUS 14 - RADIOACTIVE 15 - FLAMMABLE SOLID "W" 16 - FLAMMABLE 17 - FLAMMABLE GAS 18 - FLAMMABLE SOLID 19 - GASOLINE 20 - BLASTING AGENT 98 - OTHER/NOT SIGNED 99 - UNKNOWN OR CODE THE 1 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD	80. SEX - BLOCK C M - MALE F - FEMALE U - UNKNOWN	80. INJURY INFORMATION SOURCE - BLOCK K N - NOT APPLICABLE A - OBSERVATION OF OFFICER B - STATEMENT FROM INDIVIDUAL C - MEDICAL/PARAMEDICAL PERSONNEL	82. WEATHER 0 - NO ADVERSE CONDITIONS 1 - RAINING 2 - SLEET, HAIL, FREEZING RAIN 3 - SNOWING 4 - FOG, SMOKE 5 - RAIN AND FOG
	80. ACTIVE RESTRAINT TYPE - BLOCK E 0 - NONE OR PEDESTRIAN 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY 3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT DEVICE 7 - HELMET 8 - OTHER 9 - UNKNOWN	80. INJURY SEVERITY - BLOCK H 0 - NO INJURY 1 - DEATH 2 - MAJOR INJURY 3 - MODERATE INJURY 4 - MINOR INJURY 9 - UNKNOWN	83. ROAD SURFACE CONDITIONS 1 - DRY 2 - WET 3 - MUDDY 4 - SNOW COVERED 5 - ICE COVERED 6 - PLOWED SNOW 7 - SALTED & CINDERED 8 - ICE PATCHES
	80. ACTIVE RESTRAINT USAGE - BLOCK F 0 - NOT APPLICABLE 1 - IN USE 2 - NOT IN USE 9 - UNKNOWN	80. EJECTION/EXTRICATION - BLOCK L 0 - NOT APPLICABLE 1 - TOTALLY EJECTED 2 - PARTIALLY EJECTED 3 - PARTIALLY EJECTED REQUIRING EXTRICATION 4 - EXTRICATION BY PERSONS UNKNOWN 5 - EXTRICATION - TWO OR MORE TYPES 6 - EXTRICATION BY AMBULANCE OR RESCUE PERSONNEL 7 - EXTRICATION BY POLICE 8 - EXTRICATION BY SELF 9 - UNKNOWN EJECTION OR EXTRICATION	91. PROBABLE USE (ALCOHOL OR DRUGS) 0 - NONE 1 - ALCOHOL 2 - CONTROLLED SUBSTANCES 3 - OTHER DRUGS 4 - BOTH ALCOHOL AND DRUGS 9 - UNKNOWN
	80. PASSIVE RESTRAINT TYPE - BLOCK G 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIR BAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN	80. INJURY TRANSPORTATION - BLOCK M 0 - NOT APPLICABLE 1 - AMBULANCE (CONT'D ABOVE)	92. TYPE TEST 0 - NOT APPLICABLE - NO TEST GIVEN 1 - BLOOD 2 - BREATH 3 - URINE 4 - TEST REFUSED 8 - OTHER 9 - UNKNOWN
			93. RESULTS (ALCOHOL TEST) CODE ACTUAL TEST RESULT E.G. 197 GRAMS = 0.20% (MOVE 3 DECIMAL PLACES AND ROUND)

CASE VEHICLE REPAIR ESTIMATE

- 1996

I.U. - T.R.C.

Indiana

Re: Our Insured: [REDACTED]
Our File No. [REDACTED]
Date of Loss: [REDACTED] 1996

Dear Sir:

I am attaching for your records the original appraisal from ABR Appraisers for temporary repairs to the insured's 1994 Dodge Caravan, a full appraisal for repairs of \$4,160.65, original photographs of the damaged unit, the appraisal of damages completed in Canada, and the final repair account.

I trust this information will be of some assistance to yourself.

Yours truly,

BRANCH MANAGER

Encls.

c.c. Claims Department, Head Office

Date: 96 06:30 PM
Estimate ID: [REDACTED] A
Supplement:
Profile ID: [REDACTED]

Phone: [REDACTED]
Fax: [REDACTED]

Damage Assessed By: [REDACTED]

Appraised For: [REDACTED]

Supplemented By: [REDACTED]

Type of Loss: Collision

Condition Code: Excellent

Date of Loss: 96

Contact Date: 96

Pay Code: Insurance

Deductible: 250.00

Insured:

Insurance Co: INSURANCE CO. (P)

Address: 100 ST. [REDACTED]

Telephone: Work Phone: [REDACTED]

File Number: 96-30184-A

Description: 1994 Dodge Caravan SE

Mitchell Service: [REDACTED]

Vehicle Production Date: 94

Body Style: Van

Drive Train: [REDACTED]

Mileage: 23,752

VIN: [REDACTED]

License: [REDACTED]

OEM/ALT: O

Search Code: [REDACTED]

Color: GREEN

Options: AIR CONDITIONING, AM-FM STEREO TAPE, CRUISE CONTROL, POWER WINDOWS
POWER DOOR LOCKS, TILT STEERING, RUNNING BOARDS, DEEP TINTED GLASS
REAR GATE WIPER, PASSENGER SIDE AIR BAG, HEATED MIRROR, POWER REMOTE MIRROR
DISC BRAKES, FRONT WHEEL DRIVE, DRIVER SIDE AIRBAG, ELECTRIC DEFOGGER
LUGGAGE RACK, VAN, POWER BRAKES, POWER STEERING, SPECIAL WHEELS/COVERS
AUTOMATIC OVERDRIVE

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	FRT COVER ASSY		0.6 #	
2	401184	BDY	REMOVE/REPLACE	FRT BUMPER COVER	4740388	199.95 INCL	C 2.6
3	AUTO	REF	REFINISH	FRT BUMPER COVER			
4	401290	BDY	REMOVE/REPLACE	FRT BUMPER REINFORCEMENT	4676434	169.95 INCL	
5	401454	BDY	REMOVE/REPLACE	FRT BUMPER LICENSE BRACKET	4576472	16.99 INCL	
6	400097	BDY	REMOVE/REPLACE	GRILLE	JK76PRY	159.95 0.1	
7	402296	BDY	REMOVE/REPLACE	R H/LAMP BEZEL	4762262	139.95 INCL #	
8	402298	BDY	REMOVE/REPLACE	L H/LAMP BEZEL	4762263	139.95 INCL #	
9	403288	BDY	REPAIR	HOOD PANEL	Existing	2.5*	
10	AUTO	REF	REFINISH	HOOD OUTSIDE		C 2.7	
11	405240	MCH	REMOVE/REPLACE	EVACUATE & RECHARGE AIR CONDITIONING -M		1.4	
12	405350	MCH	REMOVE/REPLACE	AIR COND CONDENSER -M	4644365	209.95 INCL #	
13	405979	MCH	REMOVE/REPLACE	AIR COND DISCHARGE HOSE -M	4677135	159.95 1.0 #	
14	405985	MCH	REMOVE/REPLACE	AIR COND SUCTION HOSE -M	4677501	159.95 0.6 #	
15	408410	BDY	REMOVE/REPLACE	R FENDER PANEL	4761222	159.95 2.0 #	
16	AUTO	REF	REFINISH	R FENDER OUTSIDE		C 2.0	
17	AUTO	REF	REFINISH	R FENDER EDGE		C 0.5	
18	408420	BDY	REPAIR	L FENDER PANEL	Existing	0.5*	
19	AUTO	REF	REFINISH	L FENDER OUTSIDE		C 2.0	
20	900500	MCH	REPAIR	FOUR WHEEL ALIGNMENT	Sublet	79.95 * 0.0*	
21	AUTO	REF	REFINISH	RADIATOR SUPPORT COMPLETE		1.5 #	

ESTIMATE RECALL NUMBER: 96 22:29:07

As a Trademark of

Data Version:

96 A

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Page 1 of 3

Date: 1996 06:30 PM
 Estimate ID: [REDACTED]
 Supplement: [REDACTED]
 Profile ID: T

22	400508	BDY	REMOVE/REPLACE	FRONT BODY RADIATOR SUPPORT		4674120	129.95	8.1 #	
23	411310	MCH	REMOVE/REPLACE	AIR BAG UNIT KIT	-M	4637512	339.95	0.4	
24	411338	MCH	REMOVE/REPLACE	R AIR BAG SENSOR	-M	4686139	99.99	INCL	
25	411346	MCH	REMOVE/REPLACE	L AIR BAG SENSOR	-M	4686139	99.99	INCL	
26	416160	MCH	REMOVE/REPLACE	STEERING AIR BAG MODULE	-M	ORDER FROM DEALER	389.95	INCL #	
27	416268	MCH	REMOVE/REPLACE	STEERING CLOCKSPRING	-M	4688551	159.95	0.9 #	
28	421398	BDY	REMOVE/REPLACE	W/SHIELD REAR VIEW MIRROR		4696545	30.99 *	0.2	
S1	29	421420	BDY	REMOVE/REPLACE	R W/SHIELD SUN VISOR	ORDER FROM DEALER	59.99	0.2	
	30	423354	MCH	REMOVE/REPLACE	INST PANEL AIR BAG MODULE	-M	ORDER FROM DEALER	595.00	0.5
S1	31	400289	BDY	REMOVE/REPLACE	INST PANEL CLUSTER BEZEL	ORDER FROM DEALER	149.95	0.3	
	32	426780	BDY	REPAIR	R FRT DOOR SHELL	Existing	3.0* #		
	33	AUTO	REF	REFINISH	R FRT DOOR OUTSIDE	C	1.9		
	34	AUTO	REF	ADD'L OPR	CLEAR COAT		2.9		
	35	933004	BDY	ADD'L OPR	UNDERCOATING		50.00 *		
	36	933006	FRM	ADD'L OPR	FRAME/RACK SET UP		3.0*		
	37	AUTO		ADD'L COST	PAINT/MATERIALS		257.60 *		
	38	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		10.00 *		

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Prior Damage

NONE

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II.	Part Replacement Summary	Amount
	Body	17.5	44.00	50.00	0.00	820.00 T		Taxable Parts	3,572.25
	Refinish	16.1	44.00	0.00	0.00	708.40 T		GST - E Tax @ 7.000 %	250.06
	Frame	3.0	44.00	0.00	0.00	132.00 T		Sales Tax @ 8.000 %	285.78
	Mechanical	4.7	59.00	0.00	79.95	357.25 T		Total Replacement Parts Amount	4,108.09
						2,017.65			
						141.24			
						161.41			
	Labor Summary	41.3				2,320.30			
III.	Additional Costs						IV.	Adjustments	Amount
	Taxable Costs							Insurance Deductible	250.00-
	GST - E Tax		@	7.000 %		267.60			
	Sales Tax		@	8.000 %		18.73			
						21.41			
								Customer Responsibility	250.00-
	Total Additional Costs					307.74			
							I.	Total Labor:	2,320.30
							II.	Total Replacement Parts:	4,108.09
							III.	Total Additional Costs:	307.74
								Gross Total:	6,736.13
								Total GST:	410.03

ESTIMATE RECALL NUMBER: 1996 22:29:07

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Date: [REDACTED] 96 06:30 PM
Estimate ID: [REDACTED]
Supplement: [REDACTED]
Profile ID: [REDACTED]

IV. Total Adjustments: 250.00-
Net Total: 6,486.13
Less Original Net Total: 6,219.39
Net Supplement Amount: 266.74

[REDACTED]
266.74

Point(s) of Impact

12 Front Center (P)

Body Shop:
Address:

Telephone: [REDACTED]

Inspection Site: [REDACTED]

Inspection Date: [REDACTED] 96

ESTIMATE RECALL NUMBER: [REDACTED] 96 22:29:07

[REDACTED] is a Trademark of [REDACTED]

1996_A Copyright (C) 1994, 1995 [REDACTED]

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P.O.

PA

PHONE

FAX

Your File #:

Policy #: None Rec.

Date of Loss#: -92

Dear [REDACTED]

Per our conversation temp. repairs done by [REDACTED] these repairs are reflected on the attached appraisal [REDACTED] in the amount of \$1478.43.

The remainder of the damages are covered on the attached appraisal [REDACTED] in the amount of \$4160.65.

Thank You

[REDACTED]



RECEIVED
1996

96 at 15:47

File [REDACTED]

[REDACTED] PA. [REDACTED] PH# [REDACTED]
FOR: GENERAL ACCIDENT INSURANCE

[REDACTED] PA
[REDACTED] FAX: [REDACTED]

APPRAISAL REPORT

Insured: [REDACTED]
Claimant: [REDACTED]

Claim #: [REDACTED]
Policy #: [REDACTED]
Adjuster: [REDACTED]

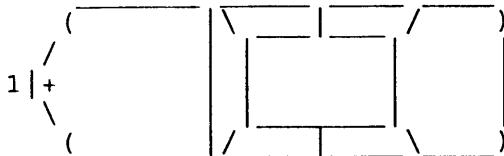
Repair Facility: [REDACTED]
Agreed By: [REDACTED]

on [REDACTED]/96

Point of Impact: 1. 12 FRONT
2. 0

Type of Loss: COLLISION

Vehicle Driveable? No
LKQ Parts Included? No
A/M Parts Included? No



Place of Inspection: [REDACTED]

[REDACTED] PA

Appraiser's Estimate	1493.26	Agreed Price ? Yes	\$ 1493.26
Deductible	0.00		
Betterments	-14.83	Prior/Unrelated Damage \$	0.00
Allowances	0.00		
Towing/Storage	86.00	Total Loss ? No	
Temporary Repairs	0.00		
NET LOSS	\$ 1478.43		

COMMENTS:

Date of Loss: [REDACTED]/96 Assigned Date: [REDACTED]/96 Appraisal Complete: [REDACTED]/96
Date Reported: [REDACTED]/96 Inspection Date: [REDACTED]/96 File Closed: [REDACTED]/96
Owner Contacted: 00/00/00

Appraiser: [REDACTED]

/96 at 15:46

File

FOR: GENERAL ACCIDENT INSURANCE

PA
FAX:

ESTIMATE OF RECORD

Written By: /96 03:46 p.m.

Adjuster:

Insured:

Claim
Policy

Address:

Date of Loss: /96

CA

Type of Loss: COLLISION

Day:

Point Of Impact: 12 FRONT

Other:

0

Inspect
Location:

Field

PA

Repair
Facility:

License #

PA, PA

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

VIN: UNK

Lic. #

Prod. Date: 0/0 Mileage: 22868

Automatic transmission	Power steering	Power brakes
Power windows	Power locks	Power mirrors
Tinted glass	Body side moldings	Dual mirrors
Air conditioning	Rear defogger	Tilt wheel
Cruise control	Rear window wiper	Am radio
Fm radio	Stereo	Cassette
Search/seek	Anti-lock brakes (4)	Driver airbag
Passenger airbag	Luggage/roof rack	Cloth seats
Bucket seats	7 passenger option	Deluxe wheel covers
Clear coat paint	Two tone paint	

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2		O/H Front Bumper	1	0.00	2.0	0.0	
3*	Repl	Bumper cover w/o fog lamp	1	350.00	Incl	0.0	
4*		Add for Edging	1	0.00	0.0	0.0	
5	Repl	Impact strip bright	1	45.25	Incl	0.0	
6	Repl	Reinforcement	1	123.00	Incl	0.0	
7		COOLING					

96 at 15:46

File

Claim #: [REDACTED]
94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART			
				COST	LABOR	PAINT	MISC
8*	Repr	Support TEMPORY REPAIR	1	0.00	2.0	0.0	
9*	Repl	Radiator 3.3 liter heavy duty	1	280.00	1.0	0.0	
10*	Repl	FREIGHT CHARGE ON RAD.OVERNITE	1	25.20	0.0	0.0	
11*	Repl	Lower hose 3.0 liter	1	23.20	0.6	0.0	
12*	Repr	SETUP AND MEASURE	1	0.00	2.0	0.0	F
13*	Repr	PULL & ALIGN FRT.RAILS & SUPT.	1	0.00	4.0	0.0	F
14*	Repr	TO BOLTS UP ATTHING PARTS TEMP	1	Incl	Incl	Incl	
15*	Repr	REMOVE A/C HONE & BLOCK	1	0.00	1.0	0.0	
16*	Repl	BATTERY Towing Charges	1	69.95	0.3	0.0	
				0.00	0.0	0.0	X 86.00
		Subtotals	====>	916.60	12.9	0.0	86.00

/96 at 15:46

File #

Claim #: [REDACTED]
94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

PLEASE NOTE THAT THIS APPRAISAL IS OF TEMPORY REPAIRS ONLY..

SEE [REDACTED] FOR ADDITIONAL REPAIRS REQUIRED TO THIS VEHICLE ON OWNER RETURN
TO [REDACTED] CANADA.....

Parts	916.60	
Labor	6.9 units @ \$30.00	207.00
Frame	6.0 units @ \$34.00	204.00
Sublet/Misc	86.00	

SUBTOTAL	\$ 1413.60	
Tax on \$ 1327.60 at 6.0000%	79.66	

TOTAL COST OF REPAIRS	\$ 1493.26	

ADJUSTMENTS:

Betterments:

BATTERY	1996	20%	-14.83

TOTAL ADJUSTMENTS	\$ 14.83		
NET COST OF REPAIRS	\$ 1478.43		

THIS APPRAISAL REPRESENTS AN AGREED COST FOR THE DAMAGES LISTED WITH THE SHOP OF YOUR CHOICE.

THIS IS NOT AN AUTHORIZATION TO REPAIR AS THE OWNER OF THE VEHICLE MUST AUTHORIZE REPAIRS.

IF ANY PAYMENT IS TO BE MADE, IT MUST COME FROM THE INSURANCE COMPANY INVESTIGATING THIS CLAIM AS THIS IS AN APPRAISAL OF DAMAGE ONLY.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide [REDACTED]. Database Date [REDACTED] 95

Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

[REDACTED] items have been certified for fit and finish by the [REDACTED]

[REDACTED] - A product of [REDACTED]

RECEIVED

[REDACTED] 1996

/96 at 17:36

File [REDACTED]

FOR:

PA [REDACTED] PH# [REDACTED]

PA
FAX: [REDACTED]

APPRAISAL REPORT

Insured: [REDACTED]
Claimant: [REDACTED]

Claim #: [REDACTED]
Policy #: [REDACTED]
Adjuster: [REDACTED]

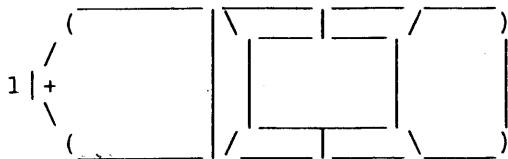
Repair Facility: APPRAISAL ONLY
Agreed By:

on 00/00/00

Point of Impact: 1. 12 FRONT
2. 0

Type of Loss: COLLISION

Vehicle Driveable? No
LKQ Parts Included? No
A/M Parts Included? No



Place of Inspection:

[REDACTED] PA

Appraiser's Estimate	4160.65	Agreed Price ?	No
Deductible	0.00		
Betterments	0.00	Prior/Unrelated Damage \$	0.00
Allowances	0.00		
Towing/Storage	0.00	Total Loss ?	No
Temporary Repairs	0.00		
NET LOSS	\$ 4160.65		

COMMENTS:

APPRAISAL IS OF VISABLE DAMAGE ONLY. APPRAISAL ONLY.
APPRAISAL DOES NOT INCLUDE ANY TAXES WHICH MAY BE ADDED IN CANADA FOR REPAIRS.
APPRAISAL DOES NOT INCLUDE TEMPORARY REPAIRS MADE SO OWNER CAN DRIVE VEHICLE TO
HOME IN CANADA. SEE [REDACTED] FOR TEMPORARY REPAIRS AT [REDACTED] IN [REDACTED] PA.
APPRAISER WOULD NOT BE ABLE TO REINSPECT AS VEHICLE IS GOING TO CANADA..
THANK YOU .

X
X
X

Date of Loss: [REDACTED]/96 Assigned Date: [REDACTED]/96 Appraisal Complete: [REDACTED]/96
Date Reported: [REDACTED]/96 Inspection Date: [REDACTED]/96 File Closed: [REDACTED]/96
Owner Contacted: [REDACTED]/00

Appraiser: [REDACTED]

/96 at 17:35

File [REDACTED]

FOR:

PA.

PH#

PA

FAX:

ESTIMATE OF RECORD

Written By: /96 05:35 p.m.
Adjuster: [REDACTED]

Insured: [REDACTED]

Claim [REDACTED]

Address: [REDACTED]

Policy [REDACTED]

Day: - CANADA,

Date of Loss: /96

Other: - -

Type of Loss: COLLISION

Point Of Impact: 12 FRONT

0

Inspect [REDACTED]
Location: [REDACTED]

Field

PA

Repair APPRAISAL ONLY
Facility: *****

License #

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

VIN: UNK

Lic.#:

Prod. Date: 0/0 Mileage: 22868

Automatic transmission	Power steering	Power brakes
Power windows	Power locks	Power mirrors
Tinted glass	Body side moldings	Dual mirrors
Air conditioning	Rear defogger	Tilt wheel
Cruise control	Rear window wiper	Am radio
Fm radio	Stereo	Cassette
Search/seek	Anti-lock brakes (4)	Driver airbag
Bucket seats	7 passenger option	Deluxe wheel covers
Clear coat paint		

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART			
				COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2		R&I bumper assy	1	0.00	0.8	0.0	
3*	Refin	FRT.BUMPER	1	0.00	0.0	2.3	
4*	Refin	EDGE	1	0.00	0.0	0.5	
5*	Refin	CLEAR COAT	1	0.00	0.0	0.9	
6		GRILLE					
7	Repl	Grille Caravan in body color	1	116.00	0.6	0.0	
8	Repl	RT Grille mount outer	1	3.00	0.0	0.0	
9	Repl	LT Grille mount outer	1	2.35	0.0	0.0	

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
10	Repl	RT Mldng uppr, t hdlmp pntd	1	26.75	Incl	0.0	
11	Repl	LT Mldng uppr, t hdlmp pntd	1	26.75	0.3	0.0	
12	Repl	RT Mldng lwr, t prk lmp pntd	1	26.75	Incl	0.0	
13	Repl	LT Mldng lwr, t prk lmp pntd	1	26.75	0.3	0.0	
14	Repl	Nameplate "DODGE" chrome	1	10.25	Incl	0.0	
15		FRONT LAMPS					
16	Repl	Aim headlamps	1	0.00	0.4	0.0	
17		RT R&I headlamp assy one side	1	0.00	Incl	0.0	
18		LT R&I headlamp assy one side	1	0.00	0.6	0.0	
19	Repl	RT Lns & hsng w/o wdgrn pnl	1	118.00	Incl	0.0	
20	Repl	LT Lns & hsng w/o wdgrn pnl	1	118.00	0.6	0.0	
21		COOLING					
22*	Repr	Support	1	0.00	5.0	2.0	
23		Add for Air conditioning	1	0.00	0.5	0.0	
24	Repl	Vertical support	1	6.15	0.0	0.0	
25	Repl	Sight shield	1	7.20	0.2	0.0	
26*	Repr	R & I RADIATOR ASSY	1	0.00	1.0	0.0	
27		AIR COND & HEATER					
28*	Repl	AC Service evacuate & recharge	1	30.00	1.4	0.0	
29*	Repl	Cndnsr 3.0 & 3.3 ltr w/o rr ht	1	275.00	1.1	0.0	
30*	Repl	Sctn hs 3.3 ltr w/o rr AC	1	102.00	1.1	0.0	
31		HOOD					
32	Repl	Hood	1	260.00	1.2	2.5	
33		Add for Clear Coat	1	0.00	0.0	1.0	
34		Add for Underside	1	0.00	0.0	1.3	
35	Repl	Safety catch	1	11.75	Incl	0.0	
36		FENDER					
37	Repl	RT Fender	1	150.00	2.8	2.4	
38		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
39		Add for Clear Coat	1	0.00	0.0	0.4	
40		Add for Edging	1	0.00	0.0	0.5	
41		LT R&I fender assy	1	0.00	2.0	0.0	
42		Deduct for Body Overlap	1	0.00	-0.8	0.0	
43		DOOR					
44*	Repr	RT Outer panel	1	0.00	1.0	2.2	
45		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
46		Add for Clear Coat	1	0.00	0.0	0.4	
47		WINDSHIELD					
48	Repl	Mirror	1	33.25	0.3	0.0	
49		RESTRAINT SYSTEMS					
50*	Repl	Ar bg md1 drvr sd lxry whl	1	544.30	0.5	0.0	
51*	Repl	Air bag module passenger side	1	580.00	0.5	0.0	
52*	Repl	LT Clcksprng w/spd cntrl w/ar	1	92.50	1.0	0.0	

/96 at 17:35

File

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART				MISC
				COST	LABOR	PAINT		
53*	Repl	RT Clcksprng w/spd cntrl w/ar	1	92.50	1.0	0.0		
54*	Repl	Impact sensor	1	83.00	0.5	0.0		
55*	Repr	R & I RT.RUNNING BOARD	1	0.00	<u>0.5</u>	0.0		
Subtotals			====>	2742.25	24.4	15.6	0.00	

[REDACTED] 96 at 17:35

File [REDACTED]

[REDACTED]
[REDACTED]
94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

APPRAISAL IS OF VISABLE DAMAGE ONLY.

X
X
X

Parts	2742.25	
Labor	24.4 units @ \$30.00	732.00
Paint	15.6 units @ \$30.00	468.00
Paint/Materials	15.6 units @ \$14.00	218.40
SUBTOTAL	\$ 4160.65	
Tax on \$ 0.00 at 6.0000%	0.00	
TOTAL COST OF REPAIRS [REDACTED] 1996	\$ 4160.65	
NET COST OF REPAIRS [REDACTED] 1996	\$ 4160.65	

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Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the [REDACTED]. Database Date [REDACTED] 95
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.
[REDACTED] items have been certified for fit and finish by the [REDACTED]
[REDACTED] - A product of [REDACTED]

NASS CDS ACCIDENT FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

SPECIAL STUDIES - INDICATORS

1. Primary Sampling Unit Number 10
 2. Case Number - Stratum 9608

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02
 4. Date of Accident (Month,Day,Year) 9 6
 5. Time of Accident 1205

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0
 7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available in a separate file.)
 8. SS17 Impact Fires 0
 9. SS18 Unsafe Driver Actions 0
 10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columnns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>20</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>B</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33 <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

V2: 103.1 → 261.9

(00) Not a motor vehicle	(31) Large pickup truck (\leq 4,536 kgs GVWR)
(01) Subcompact/mini (wheelbase < 254 cm)	(38) Other pickup truck (\leq 4,536 kgs GVWR)
(02) Compact (wheelbase \geq 254 but < 265 cm)	(39) Unknown pickup truck type (\leq 4,536 kgs GVWR)
(03) Intermediate (wheelbase \geq 265 but < 278 cm)	(45) Other light truck (\leq 4,536 kgs GVWR)
(04) Full size (wheelbase \geq 278 but < 291 cm)	(48) Unknown light truck type (\leq 4,536 kgs GVWR)
(05) Largest (wheelbase \geq 291 cm)	(49) Unknown light vehicle type
(09) Unknown passenger car size	(50) School bus (excludes van based) ($>$ 4,536 kgs GVWR)
(14) Compact utility vehicle	(58) Other bus ($>$ 4,536 kgs GVWR)
(15) Large utility vehicle (\leq 4,536 kgs GVWR)	(59) Unknown bus type
(16) Utility station wagon (\leq 4,536 kgs GVWR)	(60) Truck ($>$ 4,536 kgs GVWR)
(19) Unknown utility type	(67) Tractor without trailer
(20) Minivan (\leq 4,536 kgs GVWR)	(68) Tractor-trailer(s)
(21) Large van (\leq 4,536 kgs GVWR)	(78) Unknown medium/heavy truck type
(24) Van Based school bus (\leq 4,536 kgs GVWR)	(79) Unknown light/medium/heavy truck type
(28) Other van type (\leq 4,536 kgs GVWR)	(80) Motored cycle
(29) Unknown van type (\leq 4,536 kgs GVWR)	(90) Other vehicle
(30) Compact pickup truck (\leq 4,536 kgs GVWR)	(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front	(R) Right side (L) Left side (B) Back	(T) Top (U) Undercarriage (9) Unknown
TDC APPLICABLE VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side	(L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor)	(C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number	(57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify):
Noncollision	(69) Unknown fixed object
(31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify):	
(36) Noncollision injury (38) Other noncollision (specify):	
(39) Noncollision — details unknown	Collision with Nonfixed Object
Collision With Fixed Object	(70) Passenger car, light truck, van, or other vehicle not in-transport (71) Medium/heavy truck or bus not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance
(41) Tree (\leq 10 cm in diameter) (42) Tree ($>$ 10 cm in diameter) (43) Shrubbery or bush (44) Embankment (45) Breakaway pole or post (any diameter)	(75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify):
Nonbreakaway Pole or Post	(89) Unknown nonfixed object
(50) Pole or post (\leq 10 cm in diameter) (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter) (52) Pole or post ($>$ 30 cm in diameter) (53) Pole or post (diameter unknown)	(98) Other event (specify):
(54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (includes guardrail) (specify):	(99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 9608
2. Case Number - Stratum 01
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 94
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): DODGE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): CARAVAN SE 442
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
7. Body Type 20
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
ZB4GH4535RR
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
 - (0) No special use
 - (1) Taxi
 - (2) Vehicle used as school bus
 - (3) Vehicle used as other bus
 - (4) Military
 - (5) Police
 - (6) Ambulance
 - (7) Fire truck or car
 - (8) Other (specify): _____
 - (9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
 - (0) Not towed due to vehicle damage
 - (1) Towed due to vehicle damage
 - (9) Unknown
11. Police Reported Travel Speed 064
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown
40 mph X 1.6093 = 64 kmph

12. Speed Limit 089
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

$$55 \text{ mph} \times 1.6093 = 88.51 \text{ kmph}$$

13. Police Reported Alcohol Presence For Driver 0
 - (0) No alcohol present
 - (1) Yes alcohol present
 - (7) Not reported
 - (8) No driver present
 - (9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
 - (95) Test refused
 - (96) None given
 - (97) AC test performed, results unknown
 - (98) No driver present
 - (99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 0
 - (0) No other drug(s) present
 - (1) Yes other drug(s) present
 - (7) Not reported
 - (8) No driver present
 - (9) Unknown

16. Other Drug Specimen Test Result For Driver 0
 - (0) No specimen test given
 - (1) Drug(s) not found in specimen
 - (2) Drug(s) found in specimen, (specify):
Specimen test given, results unknown or not obtained
 - (3) Specimen test given, results unknown or not obtained
 - (8) No driver present
 - (9) Unknown if specimen test given

Driver's Zip Code

(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
 - (1) White (non-Hispanic)
 - (2) Black (non-Hispanic)
 - (3) White (Hispanic)
 - (4) Black (Hispanic)
 - (5) American Indian, Eskimo or Aleut
 - (6) Asian or Pacific Islander
 - (7) Other (specify):
No driver present
 - (8) No driver present
 - (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES	
Automobiles	
(01) Convertible (excludes sun-roof, t-bar)	
(02) 2-door sedan, hardtop, coupe	
(03) 3-door/2-door hatchback	
(04) 4-door sedan, hardtop	
(05) 5-door/4-door hatchback	
(06) Station wagon (excluding van and truck based)	
(07) Hatchback, number of doors unknown	
(08) Other automobile type (specify):	
(09) Unknown automobile type	
Automobile Derivatives	
(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)	
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)	
(12) Large limousine - more than four side doors or stretched chassis	
(13) Three-wheel automobile or automobile derivative	
Utility Vehicles (\leq 4,536 kgs GVWR)	
(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)	
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)	
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)	
(19) Utility, unknown body type	
Van Based Light Trucks (\leq 4,536 kgs GVWR)	
(20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)	
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)	
(22) Step van or walk-in van (\leq 4,536 kgs GVWR)	
(23) Van based motorhome (\leq 4,536 kgs GVWR)	
(24) Van based school bus (\leq 4,536 kgs GVWR)	
(25) Van based other bus (\leq 4,536 kgs GVWR)	
(28) Other van type (Hi-Cube Van, Kary) (specify):	
(29) Unknown van type	
Light Conventional Trucks (<i>Pickup style cab, \leq 4,536 kgs GVWR</i>)	
(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)	
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)	
(32) Pickup with slide-in camper	
(33) Convertible pickup	
(39) Unknown pickup style light conventional truck type	
Other Light Trucks (\leq 4,536 kgs GVWR)	
(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)	
(41) Truck based panel	
(42) Light truck based motorhome (chassis mounted)	
(45) Other light conventional truck type	
(48) Unknown light truck type	
(49) Unknown light vehicle type (automobile, utility, van, or light truck)	
OTHER VEHICLES	
Buses (Excludes Van Based)	
(50) School bus (designed to carry students, not cross country or transit)	
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):	
(59) Unknown bus type	
Medium/Heavy Trucks ($>$ 4,536 kgs GVWR)	
(60) Step van ($>$ 4,536 kgs GVWR)	
(61) Single unit straight truck ($4,536 \text{ kgs} < \text{GVWR} \leq 8,845 \text{ kgs}$)	
(62) Single unit straight truck ($8,845 \text{ kgs} < \text{GVWR} \leq 11,793 \text{ kgs}$)	
(63) Single unit straight truck ($> 11,793 \text{ kgs GVWR}$)	
(64) Single unit straight truck, GVWR unknown	
(65) Medium/heavy truck based motorhome	
(67) Truck-tractor with no cargo trailer	
(68) Truck-tractor pulling one trailer	
(69) Truck-tractor pulling two or more trailers	
(70) Truck-tractor (unknown if pulling trailer)	
(78) Unknown medium/heavy truck type	
(79) Unknown truck type (light/medium/heavy)	
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)	
(80) Motorcycle	
(81) Moped (motorized bicycle)	
(82) Three-wheel motorcycle or moped	
(88) Other motored cycle (minibike, motorscooter) (specify):	
(89) Unknown motored cycle type	
Other Vehicles	
(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)	
(91) Snowmobile	
(92) Farm equipment other than trucks	
(93) Construction equipment other than trucks	
(97) Other vehicle type	
(99) Unknown body type	

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)

 (5) Unknown type of junction

 (9) Unknown

20. Trafficway Flow 2
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic *Per PAR*
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three *Per witness*
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right *Per PAR diagram*
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level *Per PAR*
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt) *per witness*
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown *Per PAR*

26. Light Conditions 1
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify):

 (9) Unknown

28. Traffic Control Device 6
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory
 (2) Stop sign
 (3) Yield sign *per PAR*
 (4) School zone sign
 (5) Other regulatory sign (specify):

 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify):

 (9) Unknown

29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify):

 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 14

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 02

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 50**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

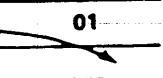
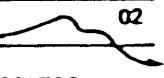
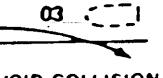
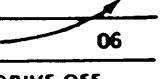
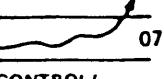
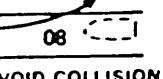
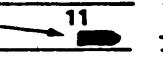
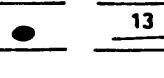
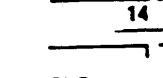
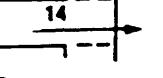
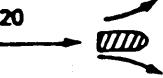
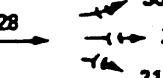
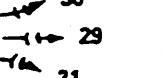
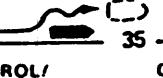
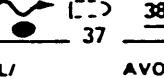
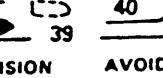
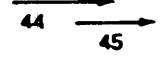
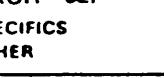
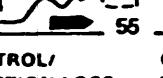
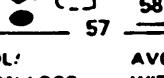
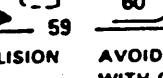
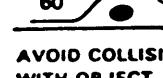
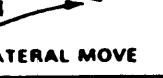
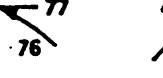
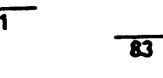
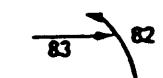
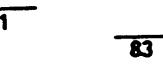
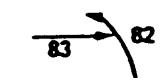
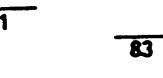
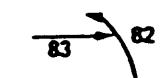
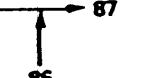
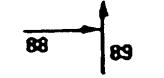
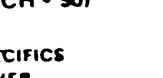
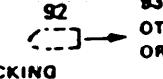
- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver</p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/>(99) Unknown</p>	<p>35. Pre-Impact Location</p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p>
<p>34. Pre-Impact Stability</p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/>(9) Precrash stability unknown</p>	<p>36. Accident Type</p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/>(99) Unknown</p>

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)								
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN			
	B Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN			
	C Forward Impact					15	16	SPECIFICS OTHER SPECIFICS UNKNOWN		
II Same Trafficway Same Direction	D Rear-End					30	(EACH • 32) (EACH • 33)	SPECIFICS OTHER SPECIFICS UNKNOWN		
	E Forward Impact					41	(EACH • 42)(EACH • 43)	SPECIFICS OTHER SPECIFICS UNKNOWN		
	F Side-swipe Angle				(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN			
III Same Trafficway Opposite Direction	G Head-On			(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN				
	H Forward Impact					61	(EACH • 62)(EACH • 63)	SPECIFICS OTHER SPECIFICS UNKNOWN		
	I Side-swipe Angle			(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN				
IV Change Trafficway Vehicle Turning	J Turn Across Path							(EACH • 74)(EACH • 75)		
	K Turn Into Path									(EACH • 84)(EACH • 85)
V Interacting Paths (Vehicle Damage)	L Straight Paths					(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Err			98 Other Accident Type 99 Unknown Accident Type 00 No Impact						

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown

38. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

39. Number of Occupant Forms Submitted 0 2

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,470
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 $3,235 \text{ lbs} \times .4536 = 1,467 \text{ kgs}$

Source: _____

44. Vehicle Cargo Weight 0,120

Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown

$$275 \text{ lbs} \times .4536 = 124 \text{ kgs}$$

Source: DRIVER/OWNER**ROLLOVER DATA**

45. Rollover 0 0
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify):
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 0 0
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify):
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 0 0
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (6) Non-contact rollover forces (specify):
 (8) Rollover--end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 952. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

Override (see specific CDC)*(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)*(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 9 9 954. Heading Angle For Other Vehicle 9 9 9**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No
 (1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 11

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

ALTERED / PARTIALLY REPAIRED.

59. Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than
-0.5 kmph and less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph and
less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

62. Energy Absorption

Highest

999,900 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL64. Confidence In Reconstruction Program
Results (For Highest Delta V)O

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but $<$ 25 kmph (3) \geq 25 kmph but $<$ 40 kmph (4) \geq 40 kmph but $<$ 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>2</p> <p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <i>Altered / PARTIALLY REPAIRED</i> (3) Complete inspection</p> <p>2</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number</p> <p>1</p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

**THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9608</u>		

VEHICLE IDENTIFICATION

VIN 2B4GH4535RR

Model Year 94

Vehicle Make (specify): Dodge

Vehicle Model (specify): CARAVAN SE

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	UNK front end	Front end	UNK

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.3</u>	inches	\times	2.54	=	<u>285²</u>	cm
Overall Length	<u>178.1</u>	inches	\times	2.54	=	<u>452⁴</u>	cm
Maximum Width	<u>72.0</u>	inches	\times	2.54	=	<u>182⁹</u>	cm
Curb Weight	<u>3,235</u>	pounds	\times	.4536	=	<u>1,467⁴</u>	kg
Average Track	<u>61.6</u>	inches	\times	2.54	¹⁵⁴ ₌₁₅₉	<u>156⁵</u>	cm
Front Overhang	—	inches	\times	2.54	=	<u>85</u>	cm
Rear Overhang	—	inches	\times	2.54	=	<u>82</u>	cm
Undeformed End Width	—	inches	\times	2.54	=	—	cm
Engine Size: cyl./displ.	—	cc	\times	.001	=	<u>3.0</u>	L
V6	<u>181⁴</u>	CID	\times	.0164	=	<u>3.0</u>	L

████████ Shipping Weight 3,135

100

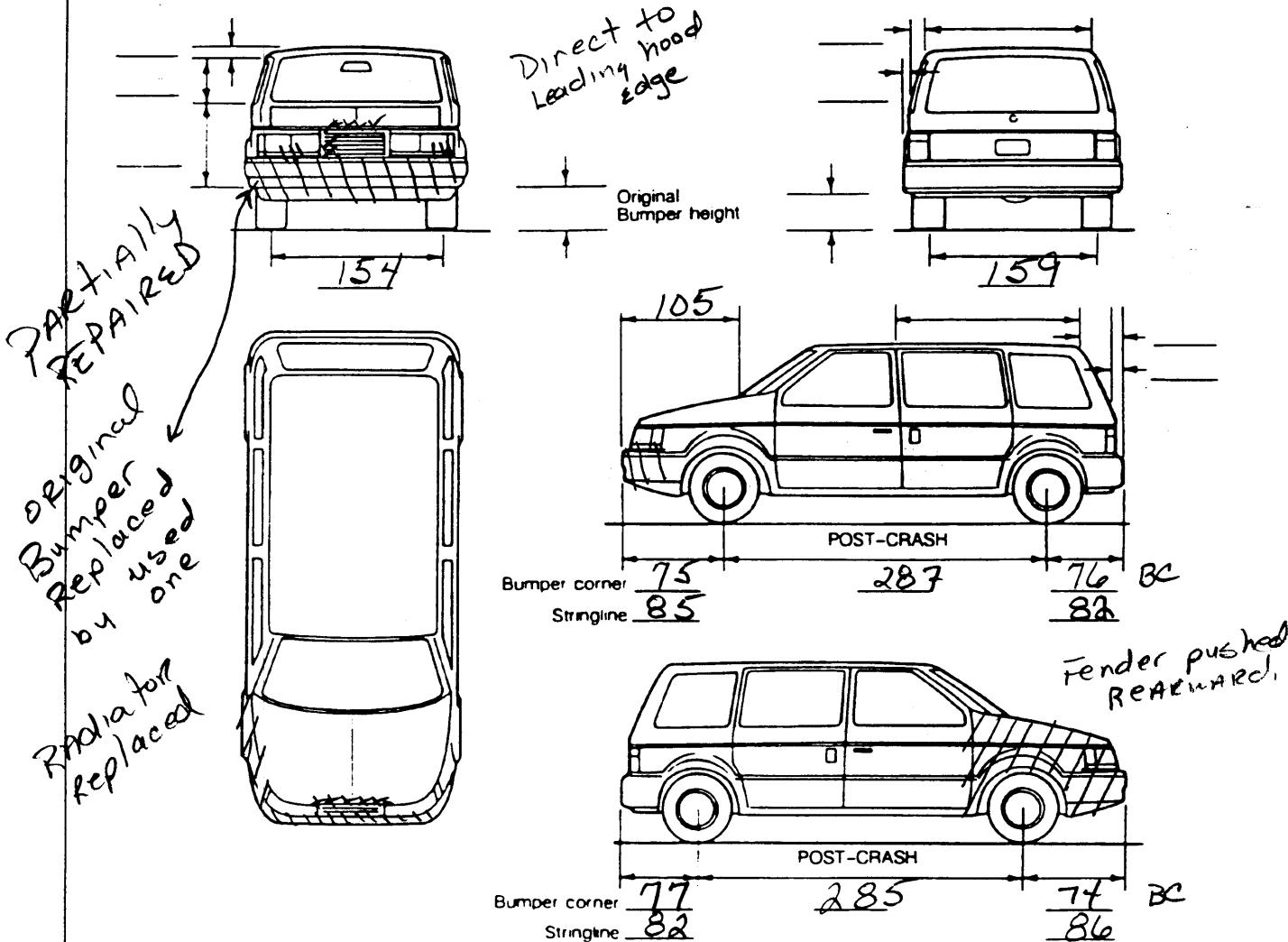
3,235

Curb weight for a 1994
Dodge Caravan Cargo Van,
according to ██████████

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	285	cm	RF \pm _____ o
RF 2 LF 2 RR 3 LR 2	PER Body shop M&P 2	LF 2 RR 3 LR 2	452	cm	LF \pm _____ o
		Maximum Width	183	cm	RR \pm _____ o
		Curb Weight	kg		LR \pm _____ o
		Average Track	157	cm	Within \pm 5 degrees
		Front Overhang	85	cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD
		Rear Overhang	82	cm	
		Undeformed End Width	154	cm	
		Engine Size: cyl./displ.	16 3.0	L	Approximate Cargo Weight _____ kg
TYPE OF TRANSMISSION					
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic					

MEASUREMENTS IN CENTIMETERS



NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of rotations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----

+
-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
-----	-----	-----	-----	-----	-----	-----	-----

+
-

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

154

27. Direct Damage Width
(For highest severity impact)
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

999

28. Original Wheelbase
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
----- . inches X 2.54 = ----- centimeters

285

29. Original Average Track Width
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
----- . inches X 2.54 = ----- centimeters

157

FUEL SYSTEM			
<p>30. Are CDCs Documented but Not Coded on The Automated File?</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p>	<p><u>0</u></p> <p><u>1</u></p> <p><u>0</u></p>	<p>35. Location of Fuel Tank-1 Filler Cap <u>4</u> 36. Location of Fuel Tank-2 Filler Cap <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1 <u>1</u> 38. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> <p>39. Location of Fuel Tank-1 <u>4</u> 40. Location of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>41. Damage to Fuel Tank-1 <u>1</u> 42. Damage to Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>	
FIRE OCCURRENCE			
<p>33. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p> <p>34. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ _____ (9) Unknown</p>			

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10 = 0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

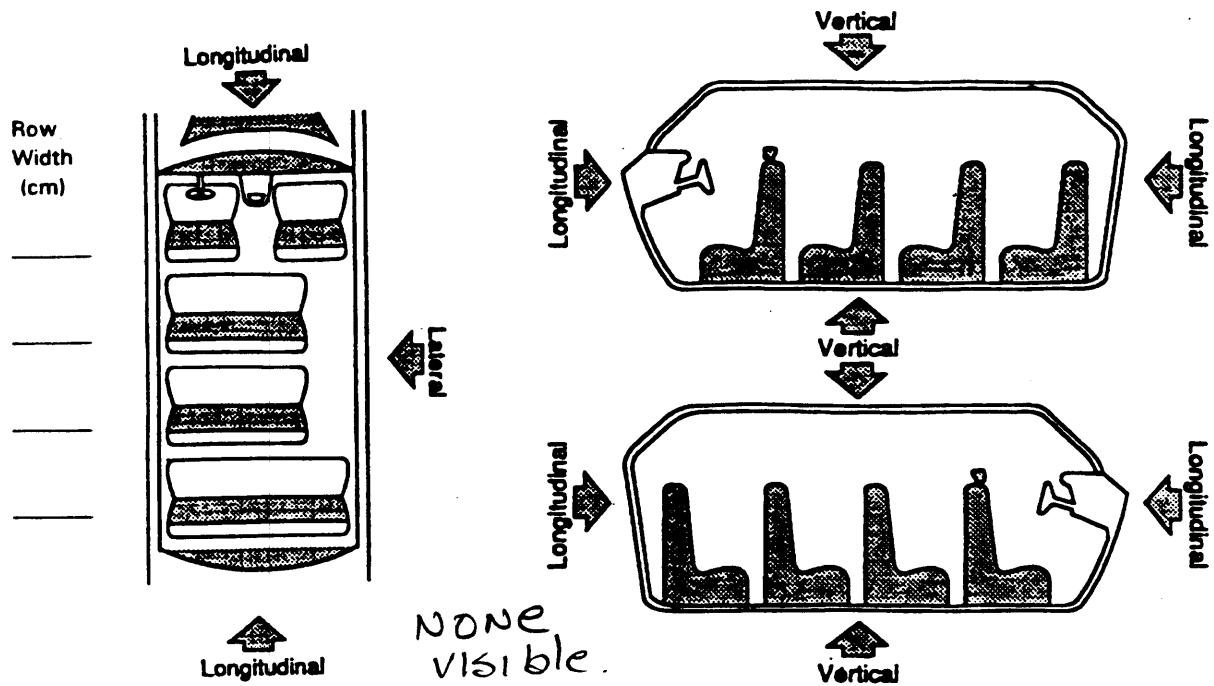
INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9608</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>GLAZING</p> <p>Type of Window/Windshield Glazing</p> <p>15. WS <u>1</u> 16. LF <u>2</u> 17. RF <u>2</u> 18. LR <u>3</u> 19. RR <u>3</u> 20. BL <u>3</u> 21. Roof <u>0</u> 22. Other <u>3</u></p> <p>(0) No glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (original) (4) AS-2 — Tempered-with after market tint (5) AS-3 — Tempered-tinted (with additional after market tint) (6) AS-14 — Glass/Plastic (7) Glazing removed prior to accident (8) Other (specify): _____ (9) Unknown</p> <p>Window Precrash Glazing Status</p> <p>23. WS <u>1</u> 24. LF <u>3</u> 25. RF <u>3</u> 26. LR <u>2</u> 27. RR <u>2</u> 28. BL <u>1</u> 29. Roof <u>0</u> 30. Other <u>3</u></p> <p>(0) No glazing (1) Fixed (2) Closed (3) Partially opened (4) Fully opened (7) Glazing removed prior to accident (9) Unknown</p> <p>Glazing Damage from Impact Forces</p> <p>31. WS <u>1</u> 32. LF <u>1</u> 33. RF <u>1</u> 34. LR <u>1</u> 35. RR <u>1</u> 36. BL <u>1</u> 37. Roof <u>0</u> 38. Other <u>1</u></p> <p>(0) No glazing (1) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (9) Unknown if damaged</p> <p>Glazing Damage from Occupant Contact</p> <p>39. WS <u>1</u> 40. LF <u>1</u> 41. RF <u>1</u> 42. LR <u>1</u> 43. RR <u>1</u> 44. BL <u>1</u> 45. Roof <u>0</u> 46. Other <u>1</u></p> <p>(0) No glazing (1) No occupant contact to glazing (2) Glazing contacted by occupant but no glazing damage (3) Glazing in place and cracked by occupant contact (4) Glazing in place and holed by occupant contact (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (6) Glazing out-of-place by occupant contact and holed by occupant contact (7) Glazing removed prior to accident (8) Glazing disintegrated by occupant contact (9) Unknown if contacted by occupant</p>
INTEGRITY	
<p>4. Passenger Compartment Integrity <u>00</u></p> <p>(00) No integrity loss</p> <p>Yes, Integrity Was Lost Through</p> <p>(01) Windshield (02) Door (side) (03) Door/hatch (back door) (04) Roof (05) Roof glass (06) Side window (07) Rear window (backlight) (08) Roof and roof glass (09) Windshield and door (side) (10) Windshield and roof (11) Side and rear window (side window and backlight) (12) Windshield and side window (13) Door and side window (98) Other combination of above (specify): _____ (99) Unknown</p> <p>Door, Tailgate or Hatch Opening</p> <p>5. LF <u>1</u> 6. RF <u>1</u> 7. LR <u>0</u> 8. RR <u>1</u> 9. TG/H <u>1</u></p> <p>(0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision (3) Door/gate/hatch jammed shut (8) Other (specify): _____ (9) Unknown</p> <p>Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0</p> <p>10. LF <u>0</u> 11. RF <u>0</u> 12. LR <u>0</u> 13. RR <u>0</u> 14. TG/H<u>0</u></p> <p>(0) No door/gate/hatch or door not opened</p> <p>Door, Tailgate or Hatch Came Open During Collision</p> <p>(1) Door operational (no damage) (2) Latch/striker failure due to damage (3) Hinge failure due to damage (4) Door structure failure due to damage (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage (6) Latch/striker and hinge failure due to damage (8) Other failure (specify): _____ (9) Unknown</p>	

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	-	INTRUDED VALUE	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	
		-		-	=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

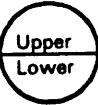
Note: If no intrusions, leave variables IV47-IV86 blank.					INTRUDING COMPONENT
	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction	<i>Interior Components</i>
1st	47. _____	48. _____	49. _____	50. _____	(01) Steering assembly (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar (08) C-pillar (09) D-pillar (10) Side panel - forward of the A1/A2-pillar (11) Door panel (side) (12) Side panel - rear of the B-pillar (13) Roof (or convertible top) (14) Roof side rail (15) Windshield (16) Windshield header (17) Window frame (18) Floor pan (includes sill) (19) Backlight header (20) Front seat back (21) Second seat back (22) Third seat back (23) Fourth seat back (24) Fifth seat back (25) Seat cushion (26) Back door/panel (e.g., tailgate) (27) Other interior component (specify): _____
2nd	51. _____	52. _____	53. _____	54. _____	
3rd	55. _____	56. _____	57. _____	58. _____	
4th	59. _____	60. _____	61. _____	62. _____	
5th	63. _____	64. _____	65. _____	66. _____	
6th	67. _____	68. _____	69. _____	70. _____	
7th	71. _____	72. _____	73. _____	74. _____	<i>Exterior Components</i>
8th	75. _____	76. _____	77. _____	78. _____	(30) Hood (31) Outside surface of this vehicle (specify): _____
9th	79. _____	80. _____	81. _____	82. _____	(32) Other exterior object in the environment (specify): _____
10th	83. _____	84. _____	85. _____	86. _____	(33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): _____ (99) Unknown
LOCATION OF INTRUSION					MAGNITUDE OF INTRUSION
Front Seat (11) Left (12) Middle (13) Right		Fourth Seat (41) Left (42) Middle (43) Right		(1) ≥ 3 centimeters but < 8 centimeters (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters (6) ≥ 61 centimeters (7) Catastrophic (9) Unknown	
Second Seat (21) Left (22) Middle (23) Right		(97) Catastrophic (98) Other enclosed area (specify)			
Third Seat (31) Left (32) Middle (33) Right		(99) Unknown			
					DOMINANT CRUSH DIRECTION
					(1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

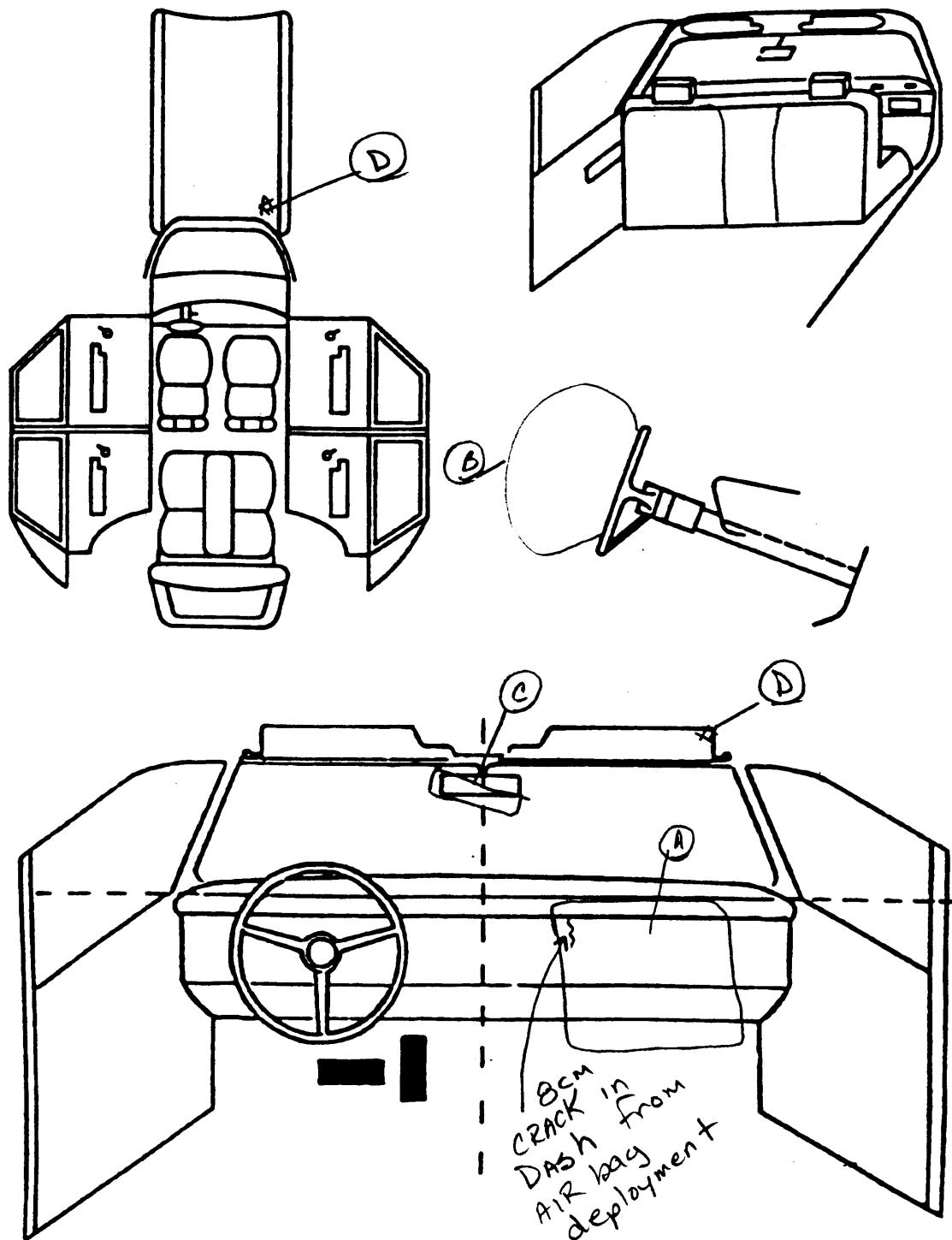
COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

-	No Deformation	=	
-		=	
-		=	
-		=	

STEERING COLUMN		INSTRUMENT PANEL	
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): _____ (9) Unknown	2	92. Odometer Reading <u>0 2 3</u> ,000 <u>22 868</u> kilometers @ Initial Repair Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown _____ miles x 1.6093 = <u>23 752</u> kilometers	
88. Tilt Steering Column Adjustment (0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown	3	Source: <u>Odometer @ Time of Inspection</u>	
89. Telescoping Steering Column Adjustment (0) No telescoping steering column (1) Full back (2) Between full back and midpoint (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown	0	93. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown	
90. Steering Rim/Spoke Deformation _____ Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown	0 0	94. Type of Knee Bolster Covering (0) No knee bolster (1) Padded (2) Rigid plastic (8) Other (specify): _____ (9) Unknown	
91. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation	0 0	95. Knee Bolsters Deformed from Occupant Contact? (0) No knee bolster (1) No deformation (2) Yes - deformation (9) Unknown	
<i>Quarter Sections</i> (01) Section A (02) Section B (03) Section C (04) Section D		<i>Half Sections</i> (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown	 
		96. Did Glove Compartment Door Open During Collision(s)? (0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown	1
		97. Adaptive (Assistive) Driving Equipment (0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.) <input type="checkbox"/> Hand controls for braking/acceleration <input type="checkbox"/> Steering control devices (attached to OEM steering wheel) <input type="checkbox"/> Steering knob attached to steering wheel <input type="checkbox"/> Low effort power steering (unit or device) <input type="checkbox"/> Replacement steering wheel (i.e., reduced diameter) <input type="checkbox"/> Joy-stick steering controls <input type="checkbox"/> Wheelchair tie-downs <input type="checkbox"/> Modification to seat belts (specify): <input type="checkbox"/> Additional or relocated switches (specify): <input type="checkbox"/> Raised roof <input type="checkbox"/> Wall-mounted head rest (used behind wheelchair) <input type="checkbox"/> Other adaptive device (specify): (9) Unknown	0

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	180	2	FACE	Blood / SKIN	1
B	170	1	FACE	Blood / SKIN	2
C	002			CRACKED / Tilted	9
D	003	2	(R) Hand	SKIN / TISSUE TRANSFER	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

(001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column/transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment(e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object. (specify):
 (019) Other front object (specify):

LEFT SIDE

(051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

(101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

(151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

(170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

(201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

(251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

(301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

(401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

(1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	0	7
	Evidence of usage	04		04
	Used in this crash?	04		04
	Proper Use	1		1
	Failure Modes	1		1
	Anchorage Adjustment	4	2 *	
S E C O N D	Availability	4	0	4
	Evidence of usage	00		04
	Used in this crash?	0		0
	Proper Use	0		0
	Failure Modes	0		0
	Anchorage Adjustment	1		1
O T H E R	Availability	4	3	4
	Evidence of usage	00	00	00
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

* MAY HAVE
been Re-adjusted
PRIOR to
inspection
since passenger
of shorter
stature.

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	/	<input checked="" type="checkbox"/>
	Deployment	/	/	<input checked="" type="checkbox"/>
	Failure	/	/	<input checked="" type="checkbox"/>
Air Bag System Availability/Function		Frontal Air Bag System Deployment (This Occupant Position)		Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)
(0) Not equipped/not available (1) Air bag		(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, accident sequence undetermined (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown		(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown				
Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown				

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Proper Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Failure Modes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system
(specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the *driver* and *first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	0/1	0/1
Source of air bag damage	0/1	0/1
Air bag tethered?	1	2
Air bag have vent ports?	2	1
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	2	1

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged
- Yes - Air Bag Damage
 - (02) Ruptured
 - (03) Cut
 - (04) Torn
 - (05) Holed
 - (06) Burned
 - (07) Abraded
 - (08) Other damage (specify): _____
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (08) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 1 wide one
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

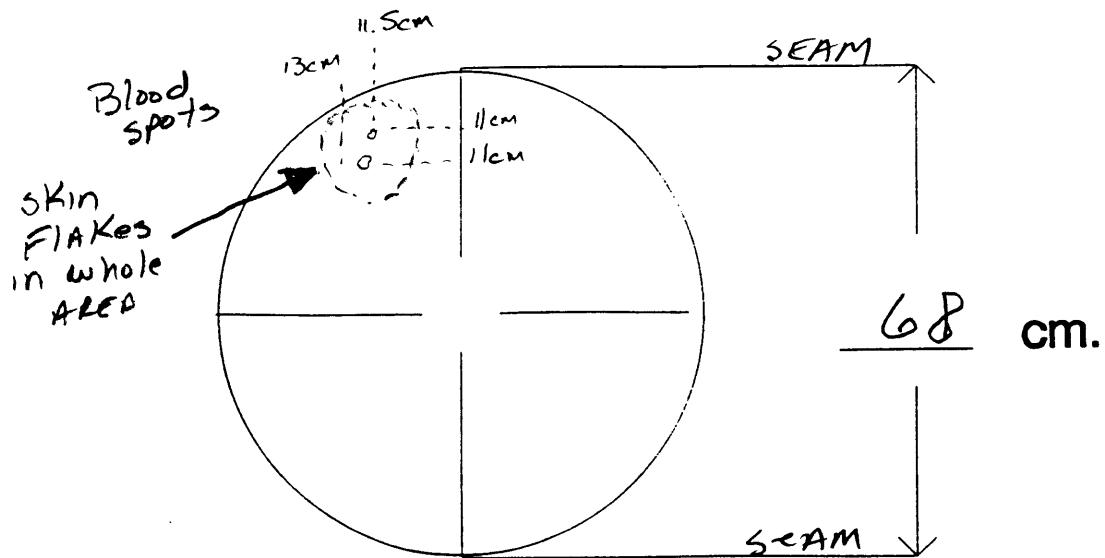
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

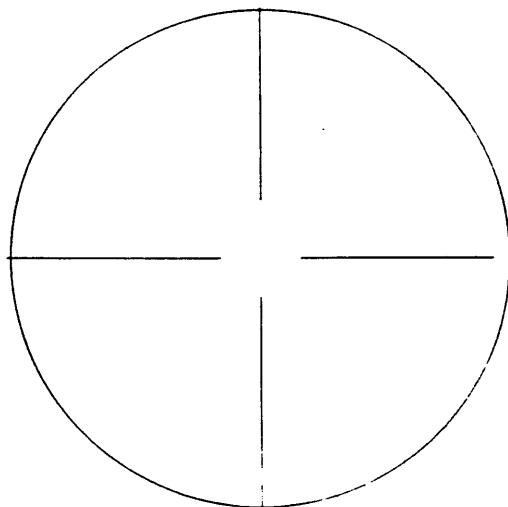
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

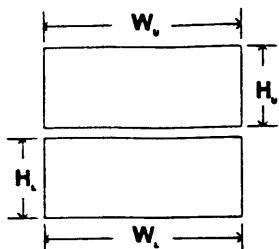


DRIVER AIR BAG SKETCHES (Cont'd)

**3. DRIVER AIR BAG MODULE COVER FLAP SIZE
(DOUBLE)**

a. Upper Flap b. Lower Flap

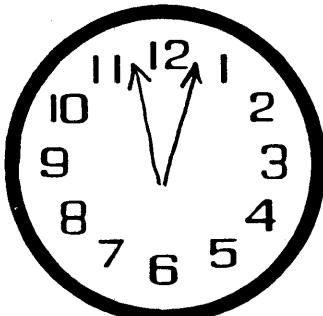
width (W_u) 18 width (W_l) 18
height (H_u) 6 height (H_l) 7



**4. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE**

**5. SKETCH OF OTHER TYPE OF AIR BAG VENT
PORTS**

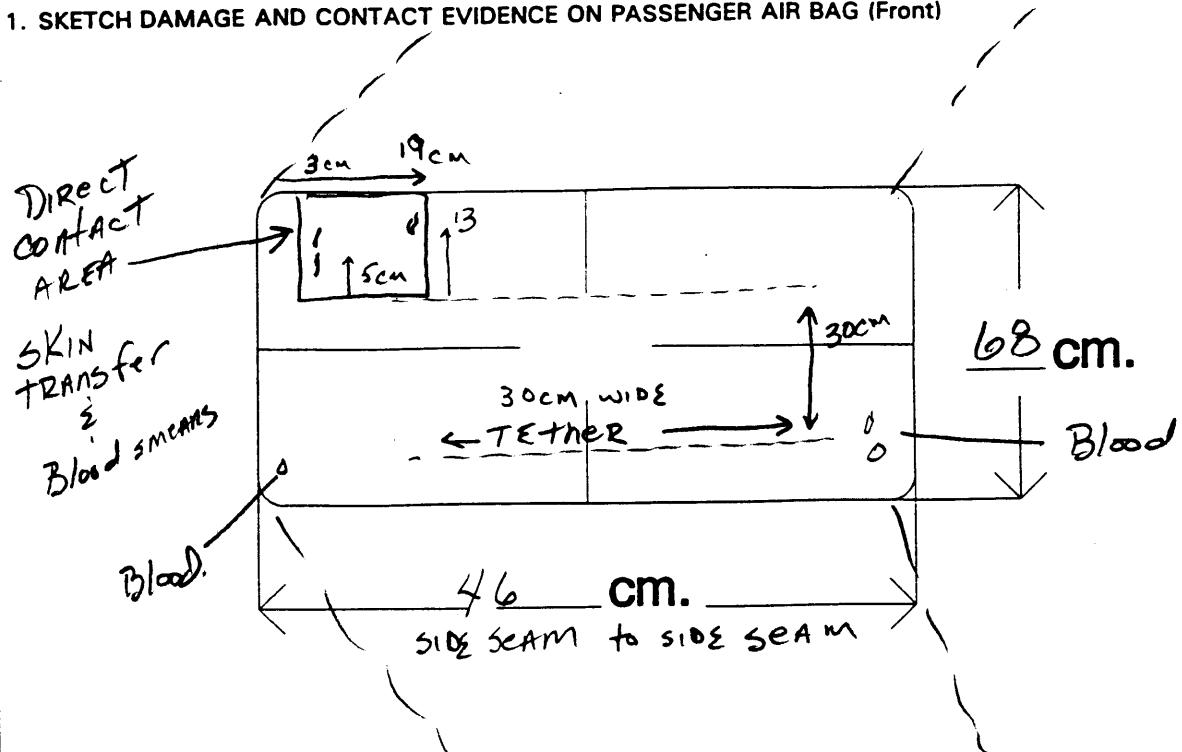
**6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT
PORTS**



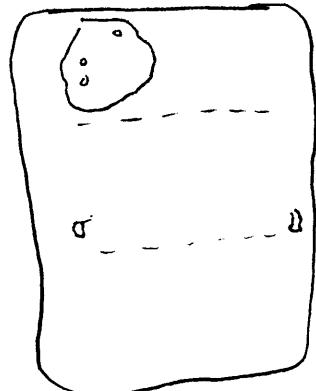
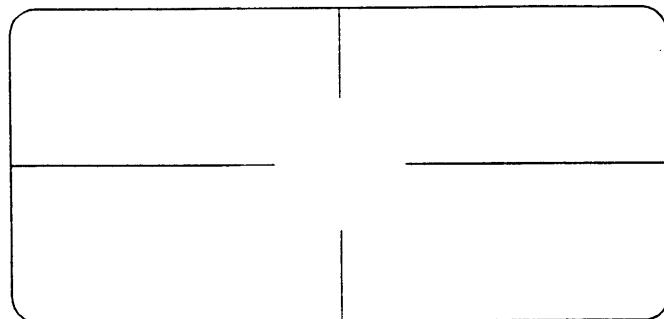
vent hole
Diameter
3cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



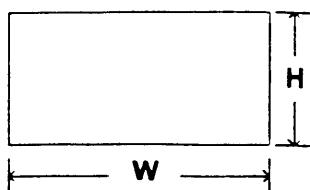
PASSENGER AIR BAG SKETCHES (Cont'd)

**3. PASSENGER AIR BAG MODULE COVER FLAP SIZE
(SINGLE)**

a. Flap

width (W) 32 cm

height (H) 15 cm



**4. PASSENGER AIR BAG MODULE COVER FLAP SIZE
(DOUBLE)**

a. Upper Flap

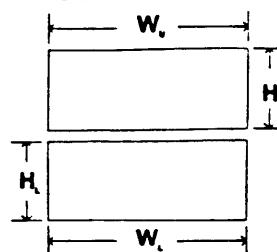
width (W_U) _____

height (H_U) _____

b. Lower Flap

width (W_L) _____

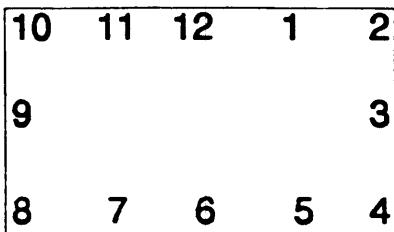
height (H_L) _____



**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE**

**6. SKETCH OF OTHER TYPE OF AIR BAG VENT
PORTS**

**7. SKETCH LOCATION OF RECTANGULAR AIR BAG
VENT PORTS**



NO
VENT
Holes

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	/		/
	Seat Type	09		09
	Seat Performance	/		/
	Seat Orientation	/		/
	Seat Track Position	6		6
	Seat Back Incline Pre/Post Impact	23		23
S E C O N D	Head Restraint Type/Damage	/		/
	Seat Type	02		02
	Seat Performance	0		0
	Seat Orientation	0		0
	Seat Track Position	0		0
	Seat Back Incline Pre/Post Impact	23		23
T H I R D	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	0	0	0
	Seat Orientation	0	0	0
	Seat Track Position	0	0	0
	Seat Back Incline Pre/Post Impact	00	00	00
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other _____
 (9) Unknown _____

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat tracks/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown _____

Seat Back Incline Prior and Post Impact

(00) Occupant not seated or no seat
 (01) Not adjustable
Upright prior to impact
 (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify): _____
 (10) Box mounted seat (i.e., van type)
 (99) Unknown _____

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown _____

Slightly reclined prior to impact

(21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Seat Track Adjusted Position Prior To Impact

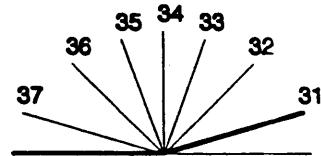
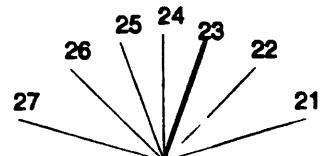
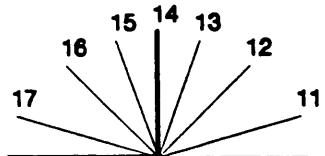
(0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Completely reclined prior to impact

(31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown _____

Adjustable Seat Track

(2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown _____



Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		<i>None</i>				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>1 0</u></p> <p>2. Case Number - Stratum <u>9 6 0 8</u></p> <p>3. Vehicle Number <u>0 2</u></p>	<p>12. Speed Limit <u>0 8 9</u> (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown</p> <p><u>55</u> mph X 1.6093 = _____ kmph</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>9 4</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>NISSAN</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>ALTIMA</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>0 4</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1N4B031D3RC</u> Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p> <p>9. Vehicle Special Use (This Trip) <u>0</u> (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): _____ (9) Unknown</p>	<p>13. Police Reported Alcohol Presence For Driver <u>0</u> (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present (9) Unknown</p> <p>14. Alcohol Test Result For Driver <u>9 6</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: <u>PAR</u></p> <p>15. Police Reported Other Drug Presence For Driver <u>0</u> (0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown</p> <p>16. Other Drug Specimen Test Result For Driver <u>0</u> (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): (3) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p> <p>17. Driver's Zip Code <u>00000</u> (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99998) No driver present (99999) Unknown</p> <p>18. Driver's Race/Ethnic Origin <u>9</u> (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify): (8) No driver present (9) Unknown</p>
OFFICIAL RECORDS	
<p>10. Police Reported Vehicle Disposition <u>0</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>11. Police Reported Travel Speed <u>0 0 0</u> Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown</p>	<p>_____ mph X 1.6093 = _____ kmph</p>

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (\leq 4,536 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (\leq 4,536 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (\leq 4,536 kgs GVWR)
- (23) Van based motorhome (\leq 4,536 kgs GVWR)
- (24) Van based school bus (\leq 4,536 kgs GVWR)
- (25) Van based other bus (\leq 4,536 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Karyl) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, \leq 4,536 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (\leq 4,536 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($>$ 4,536 kgs GVWR)

- (60) Step van ($>$ 4,536 kgs GVWR)
- (61) Single unit straight truck ($4,536 \text{ kgs} < \text{GVWR} \leq 8,845 \text{ kgs}$)
- (62) Single unit straight truck ($8,845 \text{ kgs} < \text{GVWR} \leq 11,793 \text{ kgs}$)
- (63) Single unit straight truck ($> 11,793 \text{ kgs GVWR}$)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify): _____
 (5) Unknown type of junction _____
 (9) Unknown

20. Trafficway Flow 2
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic *Per PAR*
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown
Per witness

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right *Per PAR diagram*
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%) *Per PAR*
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone *per witness*
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown
Per PAR

26. Light Conditions 1
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 6
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory
 (2) Stop sign
 (3) Yield sign
 (4) School zone sign *per PAR*
 (5) Other regulatory sign (specify): _____

 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 0 1
 (Prior To Recognition Of Critical Event)

- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 5

- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 5 3

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

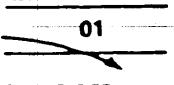
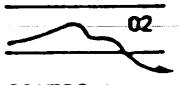
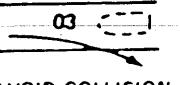
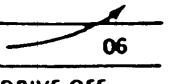
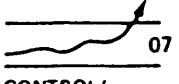
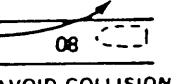
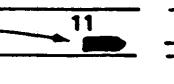
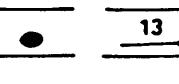
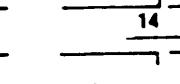
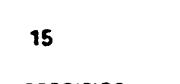
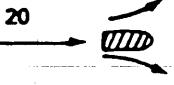
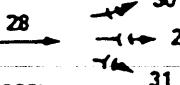
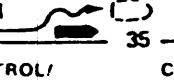
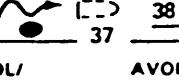
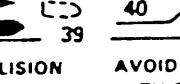
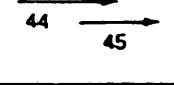
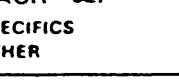
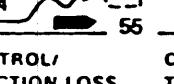
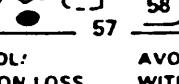
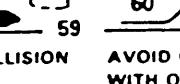
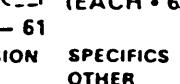
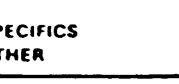
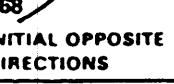
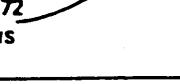
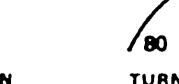
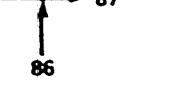
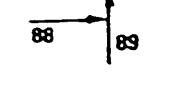
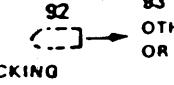
- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>01</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/>(99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/>(9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>21</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/>(99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER
	B Left Roadside Departure				09	10	SPECIFICS UNKNOWN
	C Forward Impact					15	16
II Same Trailway Same Direction	D Rear-End					(EACH • 32)	(EACH • 33)
	E Forward Impact					(EACH • 42)	(EACH • 43)
	F Sideswipe Angle				(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	SPECIFICS UNKNOWN
III Same Trailway Opposite Direction	G Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact					(EACH • 62)	(EACH • 63)
	I Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trailway Vehicle Turning	J Turn Across Path					(EACH • 74)	(EACH • 75)
	K Turn Into Path					(EACH • 84)	(EACH • 85)
V Interacting Paths (Vehicle Damage)	L Straight Paths					(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc			98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown

38. Number of Occupants This Vehicle 0 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown

39. Number of Occupant Forms Submitted 0 0

AIR BAG RELATED

40. Is this an AOPS Vehicle? 2
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 1
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.38 0
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 $2.035 \text{ lbs} \times .4536 = 1.377 \text{ kgs}$
 Source: (Averaged)

44. Vehicle Cargo Weight 9.99 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown

$\text{lbs} \times .4536 = \text{kgs}$

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify):
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type (specify):
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type

47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown

48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (6) Non-contact rollover forces (specify):
 (8) Rollover--end-over-end
 (9) Unknown

50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 9

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify): _____

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify): _____

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 9 9 954. Heading Angle For Other Vehicle 9 9 9**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted <45 degrees

(4) Tilted ≥45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify): _____

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 11

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

out of stateVEH

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

9 9 9 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 9 9 9 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than
-0.5 kmph and less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V

Highest

+ 9 9 9 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph and
less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

62. Energy Absorption

Highest

9 9 9, 9 0 0 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)O

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

9 9 9 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but $<$ 25 kmph (3) \geq 25 kmph but $<$ 40 kmph (4) \geq 40 kmph but $<$ 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p> <p style="background-color: black; color: white; text-align: center;">DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number</p> <p>_____</p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p> <p>1</p>
<p>*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***</p> <p>DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS</p> <p>*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***</p> <p>THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.</p>	



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	10	3. Vehicle Number	02
2. Case Number - Stratum	9608		

VEHICLE IDENTIFICATION

VIN 1N4BU31D3RC

Model Year 94

Vehicle Make (specify): Nissan

Vehicle Model (specify): ALTIMA GXE

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
	No Inspection		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>103.1</u>	inches x 2.54 =	<u>261.9</u>	cm
Overall Length	<u>180.5</u>	inches x 2.54 =	<u>458.5</u>	cm
Maximum Width	<u>67.1</u>	inches x 2.54 =	<u>170.4</u>	cm
Curb Weight	<u>3,035</u>	pounds x 0.4536 =	<u>1,376.7</u>	kg
Average Track	<u>57.7</u> <u>57.3</u> <u>57.5</u>	inches x 2.54 =	<u>146.1</u>	cm
Front Overhang	-----.	inches x 2.54 =	-----	cm
Rear Overhang	-----.	inches x 2.54 =	-----	cm
Undeformed End Width	-----.	inches x 2.54 =	-----	cm
Engine Size: cyl/displ.	----- cc	x 0.001 =	<u>2.4</u>	L
I4 4-Passengers	<u>145</u> CID	x 0.0164 =	<u>2.4</u>	L
Shipping Weight				<u>Curb</u>
5-Speed Manual	2,898	+ 100 =	2,998	
4-Speed Automatic	2,972	+ 100 =	3,072	
5-speed Manual (likely XE)	2,829			
No anti-lock per [REDACTED]	2,998 3,072	Average	26,070	[3,035]

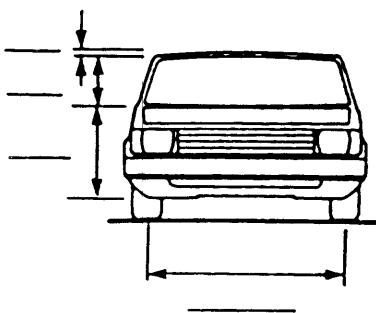
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} Automatic Manual	Speed: 3-speed 4-speed 5-speed Other:	
Steering: {circle} Power-assisted Manual	Type: rack-and-pinion worm-and-gear Other	
{please describe}:		
Brakes: {circle} Power-assisted Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}		
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other		
{please describe}:		

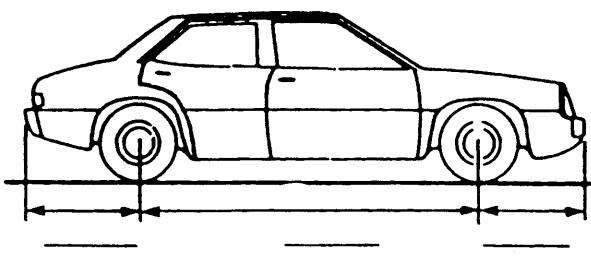
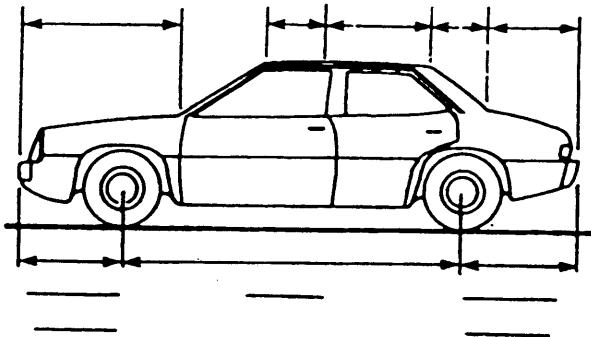
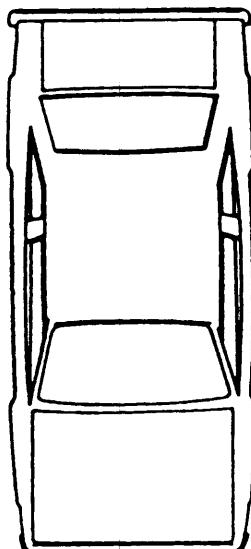
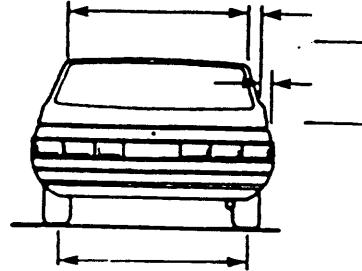
VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	262	cm	RF \pm _____ °
RF _____	RF _____	Overall Length	458	cm	LF \pm _____ °
LF _____	LF _____	Maximum Width	170	cm	RR \pm _____ °
RR _____	RR _____	Curb Weight	1,377	kg	LR \pm _____ °
LR _____	LR _____	Average Track	146	cm	Within \pm 5 degrees
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	_____	cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD
TYPE OF TRANSMISSION		Rear Overhang	_____	cm	Approximate Cargo Weight _____ kg
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Undeformed End Width	_____	cm	
END SHIFT \geq 10 CM		Engine Size: cyl./displ.	I4 2.4	L	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

MEASUREMENTS IN CENTIMETERS



No Inspection
or Photographs



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-FOREIGN CAR SECTION

NISSAN MOTOR CO., LTD.

Type of Body Pass. Cap.	Model	Dimensions			Ship. Wt. lb.	Tax H.P.	P.O.E. West Coast	P.O.E. East Coast
		Wheel Base	Inches Lt. x Wt. x Ht.					
4-PS 4-dr Sedan GXE	42214	95.7"	170.3" x 65.6" x 53.9"		2500	14.3	15,859	15,859

1994 1/2 SENTRA FWD 4 cyl 2.0 liter, DOHC SMPFI Gas Engine(16 valve)

Bore & Stroke 3.39x3.39; Tax H.P. 18.39; SAE H.P. 140@6400; Torque 132@4800; 122 cu.in., 2.0 liter

Man. Trans. 5-speed; EPA Mileage Estimate 23/31

4-PS 2-dr Sedan SE-R	22453	95.7"	170.3" x 65.6" x 53.9"	2467	18.39	14,489	14,489
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Auto. Trans. 4-speed; EPA Mileage Estimate

4-PS 2-dr Sedan SE-R	22414	95.7"	170.3" x 65.6" x 53.9"	2518	18.39	15,289	15,289
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Options Sentra: Destination Charges-\$380; Air Conditioning-(A01)-\$995; Driver-Side Airbag (N03)-\$575; SE/SE R Value Pkg(F09)-\$1300; Power Sunroof(J01)-\$825; Metallic Paint(E09)-\$100; Antilock Braking System(B07)-\$700; Cruise Control(S05)-\$230; Calif Emission(C01)-\$150; AM/FM Stereo w/cassette(H01)-\$600; Fleet Pkg(W01)-\$1260; Power Steering(S02)-\$500

1994 ALTIMA FWD 4 cyl 2.4 liter, DOHC SMPFI Gas Engine(16 valve)

Bore & Stroke 3.50x3.78"; Tax H.P. 19.6; SAE H.P. 150@5600; Torque 154@4400 145 cu.in., 2.4 liter

Man. Trans. 5-speed; EPA Mileage Estimate 24/30

4-PS 4-dr Sedan XE	15654	103.1"	180.5" x 67.1" x 55.9"	2829	19.6	13,999	13,999
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4-PS 4-dr Sedan GXE	15754	103.1"	180.5" x 67.1" x 55.9"	2890	19.6	15,279	15,279
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4-PS 4-dr Sedan SE	15954	103.1"	180.5" x 67.1" x 55.9"	2902	19.6	18,279	18,279
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Auto. Trans. 4-speed; EPA Mileage Estimate 21/29

4-PS 4-dr Sedan XE w/Cruise Ctrl	15614	103.1"	180.5" x 67.1" x 55.9"	2907	19.6	14,999	14,999
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4-PS 4-dr Sedan GXE	15714	103.1"	180.5" x 67.1" x 55.9"	2972	19.6	16,109	16,109
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4-PS 4-dr Sedan SE	15914	103.1"	180.5" x 67.1" x 55.9"	2988	19.6	19,109	19,109
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4-PS 4-dr Sedan GLE	15814	103.1"	180.5" x 67.1" x 55.9"	2990	19.6	19,279	19,279
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Options Altima: Destination Charges-\$380; Antilock Braking System(B07)-\$995; ABS w/Viscous Ltd. Slip(B10)-\$1195; Cruise Control(S07)-\$230; Leather Trim Package(X03)-\$1000; XE Option Pkg(F02)-\$1825; Power Sunroof(J01)-\$825; GXE Value Option Pkg(F09)-\$1200; SE Special Edition Pkg(W55)-\$300; Calif. Emissions(C01)-\$150

1994 MAXIMA FWD V6 cyl 3.0 liter, SOHC SMPFI Gas Engine(VG30E)(12 valve)

Bore & Stroke 3.43x3.27"; Tax H.P. 28.24; SAE H.P. 160@5200; Torque 182@2800; 181cu.in., 3.0 liter

Auto. Trans. 4-speed; EPA Mileage Estimate 19/26

4-PS 4-dr Sedan GXE	08414	104.3"	187.6" x 69.3" x 55.1"	3139	28.24	22,429	22,429
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1994 MAXIMA FWD V6 cyl 3.0 liter, DOHC SMPFI Gas Engine(VE30DE)(24 valve)

Bore & Stroke 3.43x3.27"; Tax H.P. 28.24; SAE H.P. 190@5600; Torque 190@4000; 181cu.in., 3.0 liter

Man. Trans. 5-speed; EPA Mileage Estimate 21/26

4-PS 4-dr Sedan SE	08254	104.3"	187.6" x 69.3" x 55.1"	3165	28.24	23,529	23,529
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Auto. Trans. 4-speed; EPA Mileage Estimate 19/25

4-PS 4-dr Sedan SE	08214	104.3"	187.6" x 69.3" x 55.1"	3224	28.24	24,464	24,464
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Options Maxima: Destination Charges-\$380; Luxury Pkg(V01)-\$2595; GXE Leather Trim Pkg(X03)-\$1025; Antilock Braking System(B07)-\$995; Pearlglow Paint(E07)-\$350; Calif. Emissions(C01)-\$150; SE Leather Trim Package(X03)-\$1425; Sunroof(J01)-\$875; CD Player(H07)-\$400

1994 240SX FWD 4 cyl 2.4 liter, DOHC SMPFI Gas Engine(KA24DE)(16 valve)

Bore & Stroke 3.50x3.78"; Tax H.P. 19.6; SAE H.P. 155@5600; Torque 160@4400; 146 cu.in., 2.4 liter

Auto. Trans. 4-speed; EPA Mileage Estimate 21/26

4-PS 2-dr Convertible	26814	97.4"	178.0" x 66.5" x 50.8"	2770	19.6	23,969	23,969
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Options Sentra 240SX: Destination Charges-\$380; Air Conditioning(A01)-\$995; Calif. Emissions(C01)-\$150

1994 300ZX RWD V6 cyl 3.0 liter, DOHC Gas Engine(24 valve)

Bore & Stroke 3.43x3.27"; Tax H.P. 28.24; SAE H.P. 222@6400; Torque 198@4800; 181cu.in., 3.0 liter

Man. Trans. 4-speed; EPA Mileage Estimate 18/24

2-PS 2-dr Coupe	64054	96.5"	169.5" x 70.5" x 48.3"	3299	28.24	33,699	33,699
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2-PS 2-dr Coupe w/t bar	64154	96.5"	169.5" x 70.5" x 48.3"	3349	28.24	35,179	35,179
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4-PS 2-dr 2+2 Coupe w/t bar	64254	101.2"	178.0" x 70.9" x 48.1"	3413	28.24	36,489	36,489
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2-PS 2-dr Convertible(Cloth)	64654	96.5"	169.5" x 70.5" x 49.5"	3446	28.24	39,604	39,604
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2-PS 2-dr Convertible(Leather)	64754	96.5"	169.5" x 70.5" x 49.5"	3446	28.24	40,879	40,879
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Auto. Trans. 4-speed; EPA Mileage Estimate 18/24

2-PS 2-dr Coupe w/t bar	64114	96.5"	169.5" x 70.5" x 48.3"	3378	28.24	36,129	36,129
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4-PS 2-dr 2+2 Coupe w/t bar	64214	101.2"	178.0" x 70.9" x 48.1"	3442	28.24	37,439	37,439
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2-PS 2-dr Convertible(Cloth)	64614	96.5"	169.5" x 70.5" x 49.5"	3475	28.24	40,604	40,604
------------------------------	-------	-------	------------------------	------	-------	--------	--------

2-PS 2-dr Convertible(Leather)	64714	96.5"	169.5" x 70.5" x 49.5"	3475	28.24	41,879	41,879
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1994 300ZX V6 cyl 3.0 liter, DOHC SMPFI Gas Engine(24 valve)

Bore & Stroke 3.43x3.27"; Tax H.P. 28.24; SAE H.P. 300@6400; Torque 283@3600; 181 cu.in., 3.0 liter

Man. Trans. 4-speed; EPA Mileage Estimate 18/24

2-PS 2-dr Coupe w/t bar Turbo	64854	96.5"	169.5" x 70.5" x 48.4"	3517	28.24	40,099	40,099
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Auto. Trans. 4-speed; EPA Mileage Estimate 18/24

2-PS 2-dr Coupe w/t bar Turbo	64814	96.5"	169.5" x 70.5" x 48.4"	3554	28.24	42,124	42,124
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NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number	10	Interviewee(s) Role or Name(s):	DRIVER
2. Case Number - Stratum	9608	Phone number:	
3. Vehicle Number	01		

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was N/B there was construction on left had left lane closed down to one lane. I was in (B) lane traffic came up on me pretty quick traffic stopped. I had asked my wife for a cigarette when I looked up traffic was stopped no where for me to go.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

[REDACTED] internal MEDICINE [REDACTED]

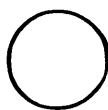
MD

[REDACTED]
PA

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

TV-VIDEO on channel 8 in [REDACTED]

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <u>construction MERGE Arrow</u> <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown <i>mph Kilometers</i>
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown <i>Kilometers</i>
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

 YES -- ASK THE FOLLOWING QUESTIONS NO -- SKIP TO "FIRE DATA" BELOW UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

 YES -- ASK THE FOLLOWING QUESTIONS NO -- SKIP THIS SECTION UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>94</u> Make: <u>Dodge</u> Model: <u>CARAVAN</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input type="checkbox"/> WS <input type="checkbox"/> P LF <input type="checkbox"/> P RF <input type="checkbox"/> C LR <input type="checkbox"/> C RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> P Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: 5 or 6 suitcases 3 coolers, boxes Approximate weight - <u>250-300 pounds</u> (empty)
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: <i>HAVE you ever adjusted the shoulder / torso portion of seat belts on B-PILLAR - NO! I don't know what your talking about.</i>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION			
Do you recall the type of development in the area of the crash?	[] Residential [X] Industrial [] Undeveloped [] Other:	[X] Commercial [] Agricultural [] School	
What were the weather conditions at the time of the crash?	[X] Clear (no clouds, no precipitation) [] Cloudy (partially cloudy, no precipitation) [] Overcast (full cloud cover, no precipitation) [] Precipitating [] Unknown		
What was the type of precipitation?	[X] No precipitation [] Raining [] Sleet [] Hailing	[] Unknown [] Freezing rain [] Snowing	
What was the condition of the road surface?	[X] Dry [] Snowy, slushy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown	[] Wet [] Icy	
How would you describe the amount of traffic at the time of the crash?	[X] Heavy [] Light	[] Moderate [] No other traffic present	
What is your occupation?	[] Professional [] Government official [] Management [] Sales [] Craftsman and foreman [] Service worker [] Farmers and farm-managers [] Farm laborers and foreman [] Private household worker [] Housewife	[] Technical [] Proprietors [] Clerical [] Student [] Retired	
How long have you driven this vehicle?	Years: /	Months: 10	
How many miles do you think that you have driven it in the last 12-month period?	kilometers: Miles: 20000		
How often do you drive this particular roadway?	[] Daily [] Once weekly [] Once monthly [] First time on road	[] Twice weekly [] Twice monthly [X] Very infrequently 2ND time	
Where were you coming from just prior to the crash?	[] Home [] School [X] Social/recreational [] Personal business	[] Work [] Shopping [] Restaurant [] Other: leaving Florida	
Where were you intending to go when the crash occurred?	[X] Home [] School [] Social/recreational [] Personal business	[] Work [] Shopping [] Restaurant [] Other: _____	

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 175.3 Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	[X] M [] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: 5'9 WEIGHT: 155 AGE: 75 DRIVER OF HISPANIC ORIGIN? [] Y [X] N [] U	[] M [X] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: 5'3 1/2 WEIGHT: 103 4/4 AGE: 98	[] M [] F - Not pregnant [] F - Pregnant - # of months _____ [] F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	[] Leaning to left [] Leaning to right [X] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [X] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A	Indicate all letters that apply and further describe as needed A	Indicate all letters that apply and further describe as needed K maybe turned towards me slightly to hand me cig

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # _____
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<u>PRE</u> <u>POST</u> <input type="checkbox"/> [] Not adjustable <input type="checkbox"/> [] Completely upright <input checked="" type="checkbox"/> [] Slightly reclined <input type="checkbox"/> [] Completely reclined <input type="checkbox"/> [] Slightly forward of upright <input type="checkbox"/> [] Completely forward <input checked="" type="checkbox"/> [] Unknown	<u>PRE</u> <u>POST</u> <input type="checkbox"/> [] Not adjustable <input type="checkbox"/> [] Completely upright <input checked="" type="checkbox"/> [] Slightly reclined <input type="checkbox"/> [] Completely reclined <input type="checkbox"/> [] Slightly forward of upright <input type="checkbox"/> [] Completely forward <input checked="" type="checkbox"/> [] Unknown	<u>PRE</u> <u>POST</u> <input type="checkbox"/> [] Not adjustable <input type="checkbox"/> [] Completely upright <input type="checkbox"/> [] Slightly reclined <input type="checkbox"/> [] Completely reclined <input type="checkbox"/> [] Slightly forward of upright <input type="checkbox"/> [] Completely forward <input type="checkbox"/> [] Unknown
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Unknown
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Unknown
Did this vehicle have a cellular phone in it during the crash? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe type: _____ <small>(e.g., portable, mounted in vehicle, flip phone, etc.)</small> <input type="checkbox"/> Unknown			
<i><u>(Note to researcher: try to determine any driver distractions without implying fault)</u></i>			
Was the driver doing any of the following? (check all that apply - and specify) <ul style="list-style-type: none"> <input type="checkbox"/> Talking to or listening to another occupant (specify): <input type="checkbox"/> Was there a moving object in vehicle (specify): <input type="checkbox"/> Talking or listening on a cellular phone (specify): <input type="checkbox"/> Dialing a cellular phone (specify): <input type="checkbox"/> Adjusting climate control (specify): <input type="checkbox"/> Adjusting radio, CD or cassette player (specify): <input type="checkbox"/> Using other device or object in vehicle (specify): <input type="checkbox"/> Sleepy / asleep (specify): <input type="checkbox"/> Distracted by outside person, object, or event (specify): <input type="checkbox"/> Eating or drinking (specify): <input type="checkbox"/> Smoking related (specify): <input checked="" type="checkbox"/> Other (specify): <i>Turned towards wife to get cigarette</i> <input type="checkbox"/> Unknown 			

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # _____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input checked="" type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input checked="" type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	— Chest — Lap — Both	— Chest — Lap — Both	— Chest — Lap — Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

never adjusted shoulder belt.

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # _____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown
	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown
	Detail any entrapment	Detail any entrapment	Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input checked="" type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

YES (IF "YES" COMPLETE THIS SECTION)
 NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>eyeglasses mine Broke</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>eyeglasses not broken</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

[] YES (IF "YES" COMPLETE THIS SECTION)

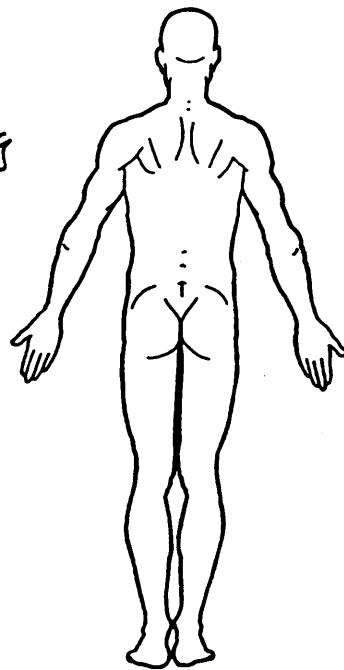
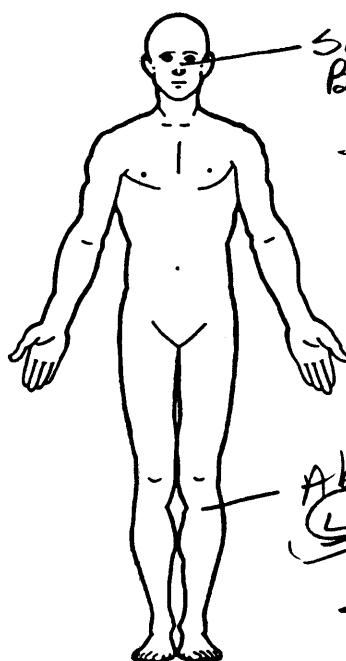
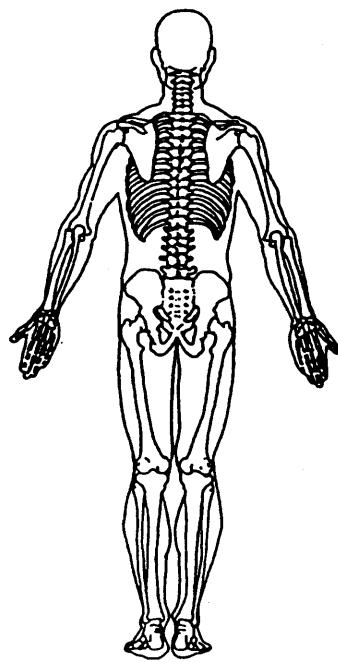
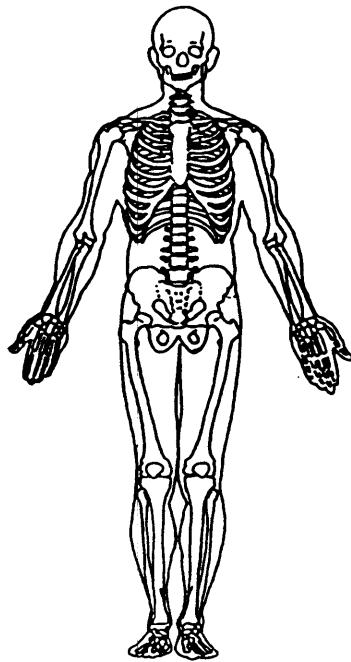
NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT #
WERE YOU INJURED?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	<u>██████████</u>		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* <i>If not an in-person interview, make appointment to have release signed</i>	DATE: _____	DATE: _____	DATE: _____
	TIME: _____	TIME: _____	TIME: _____
	PLACE: _____	PLACE: _____	PLACE: _____

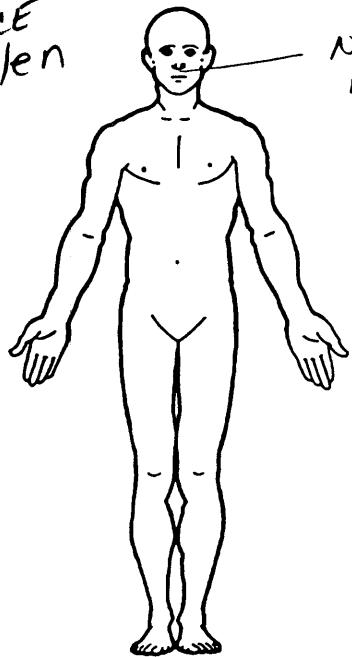
PSU Number 10Case Number—Stratum 9608Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

PSU Number 10Case Number—Stratum 9608Vehicle Number 01Occupant Number 02

INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

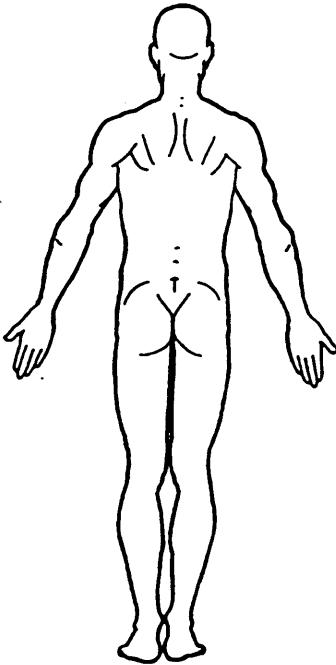
whole
FACE
swollen
RED



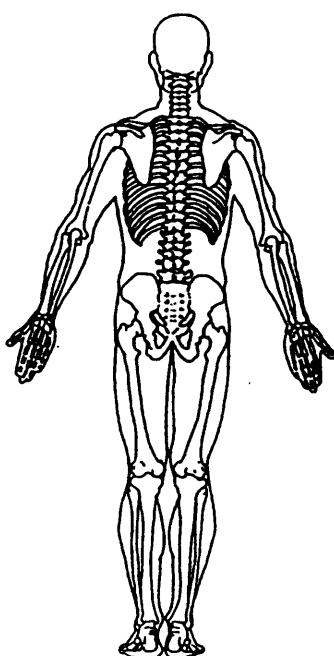
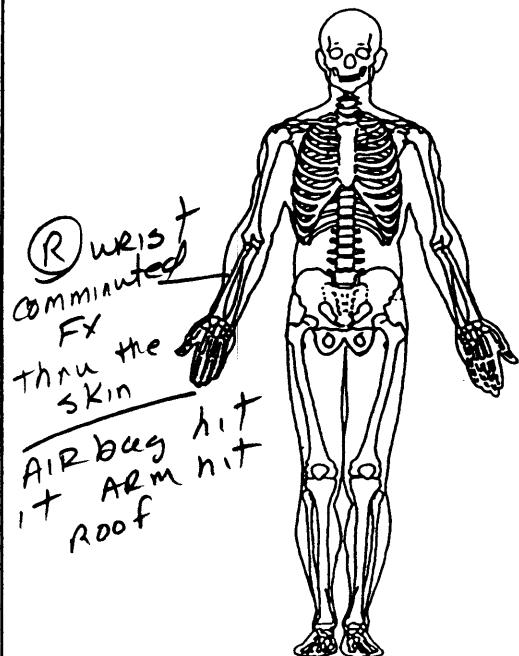
SOFT TISSUE/INTERNAL INJURIES

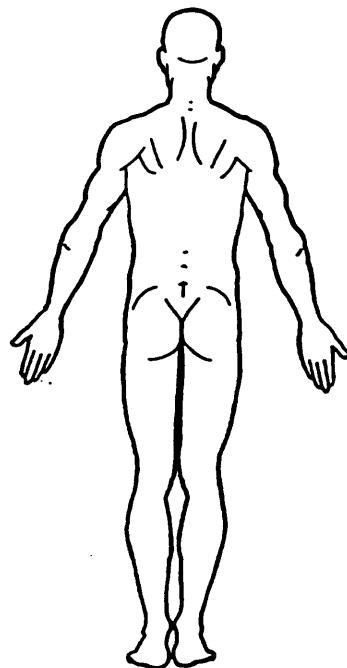
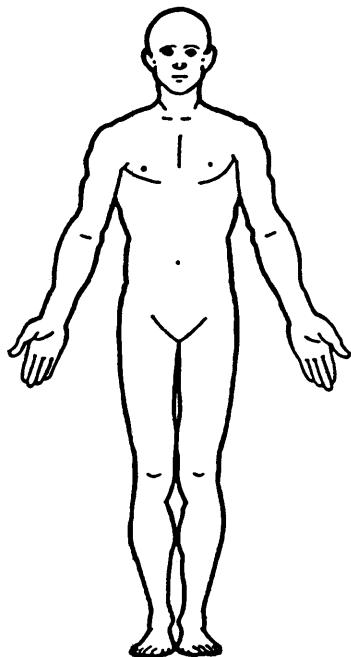
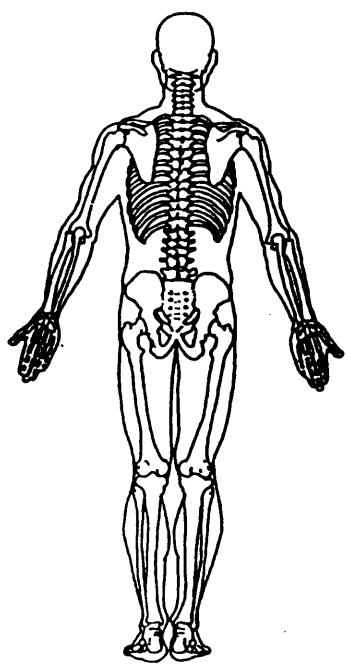
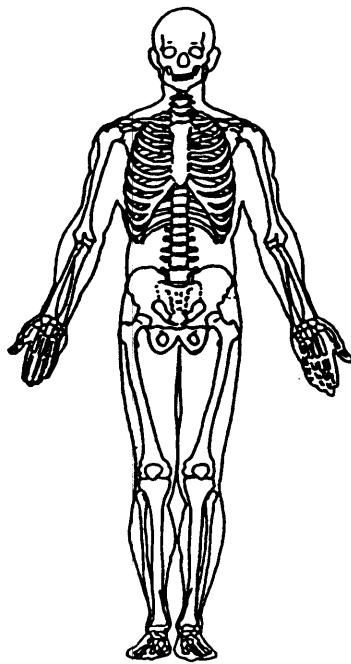
NOSE &
mouth
bleeding
FAKE teeth
Knocked out

still
conscious
at scene



SKELETAL INJURIES



PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9608
3. Vehicle Number 02

Interviewee(s) Role or Name(s): DRIVER
Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Going N/B on [REDACTED] traffic ahead of me had stopped due to the traffic merging. I looked behind me saw him coming and bam he hit me. Nothing I could do to avoid it

I drove away from scene. Been driving since just brought it in for repairs earlier this week.

I'm pretty sure [REDACTED] is a 3 lane Interstate that went down to 2 lanes for [REDACTED] shoulder repair

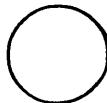
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Both V, occupants had cuts on the bridge of their noses

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

[REDACTED] - [REDACTED] NJ

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify) _____
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify) _____
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, construction and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe) _____
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

 YES -- ASK THE FOLLOWING QUESTIONS NO -- SKIP TO "FIRE DATA" BELOW
 UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

 YES -- ASK THE FOLLOWING QUESTIONS NO -- SKIP THIS SECTION
 UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ... <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>9 4</u> Make: <u>NISSAN</u> Model: <u>ALTIMA GXE</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes _____ <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>N/A</u> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <i>Brochures products.</i> Approximate weight - <u>40.50</u> pounds
VEHICLE MILEAGE	<u>72,500</u> miles <input type="checkbox"/> Unknown <u>116,677 km</u>
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ <u>N/A</u> Contact person: _____

Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input checked="" type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input checked="" type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm laborers and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>1</u> Months: <u>7</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>50,000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input checked="" type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Sales call</u>
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<u>PRE</u> <u>POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<u>PRE</u> <u>POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	<u>PRE</u> <u>POST</u> <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Between full up and center
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint

Did this vehicle have a cellular phone in it during the crash?

No

Yes - describe type:

(e.g., portable, mounted in vehicle, flip phone, etc.)

Unknown

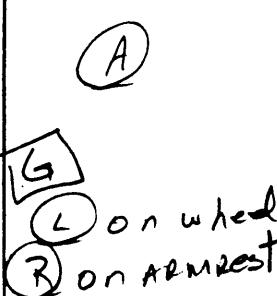
(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- Talking to or listening to another occupant (specify):
- Was there a moving object in vehicle (specify):
- Talking or listening on a cellular phone (specify):
- Dialing a cellular phone (specify):
- Adjusting climate control (specify):
- Adjusting radio, CD or cassette player (specify):
- Using other device or object in vehicle (specify):
- Sleepy / asleep (specify):
- Distracted by outside person, object, or event (specify):
- Eating or drinking (specify):
- Smoking related (specify):
- Other (specify):
- Unknown

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 188. Eskimo or Aleut Asian or Pacific Islander 90.7 Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 62" WEIGHT: 200 AGE: 58	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed 	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (e.g. 2-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (e.g. 3-point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input checked="" type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <hr/> <hr/> <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> physically pinned <input type="checkbox"/> jammed doors <input type="checkbox"/> fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

 YES (IF "YES" COMPLETE THIS SECTION) NO UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # _____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash?
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/SUNGGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>N/A</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**

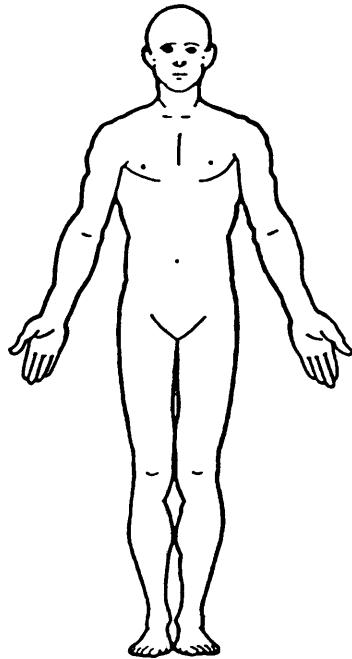
[] YES (IF "YES" COMPLETE THIS SECTION)

[X] NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

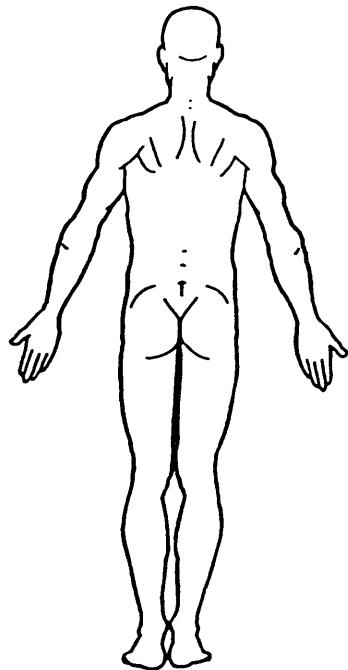
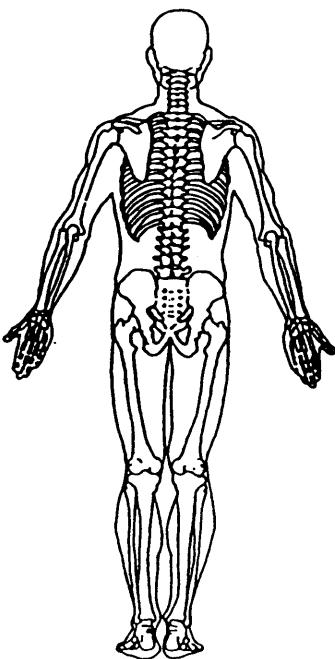
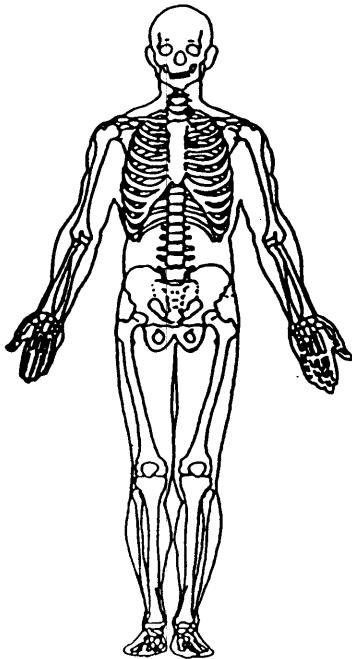
	DRIVER	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <u> </u>	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: <u> </u>
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): <u> </u> <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION			
	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE YOU INJURED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <hr/> <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____
<i>* If not an in-person interview, make appointment to have release signed</i>			

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES**

NONE

**SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

**NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9608
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 75
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 175
Code actual height to the nearest centimeter.
(999) Unknown

69 inches X 2.54 = 175³ centimeters
8. Occupant's Weight 070
Code actual weight to the nearest kilogram.
(999) Unknown

155 pounds X .4536 = 70³ kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture

- (0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

0**13. Ejection Area**

(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

0**14. Ejection Medium**

(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

0**16. Entrapment**

(0) Not entrapped/exit not inhibited
(1) Entrapped/pinned - mechanically restrained
(2) Could not exit vehicle due to jammed doors,
fire, etc.
(specify): _____
(9) Unknown

0**17. Occupant Mobility**

(0) Occupant fatal before removed from
vehicle
(1) Removed from vehicle while unconscious or
not oriented to time or place
(2) Removed from vehicle due to perceived
serious injuries
(3) Exited vehicle with some assistance
(4) Exited vehicle under own power
(5) Occupant fully ejected
(8) Removed from vehicle for other reasons
(specify): _____
(9) Unknown

4

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability 4</p> <ul style="list-style-type: none"> (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown <p><i>Integral Belt Partially Destroyed</i></p> <ul style="list-style-type: none"> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ <p>(9) Unknown _____</p> <p>19. Manual (Active) Belt System Use 04</p> <ul style="list-style-type: none"> (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): <ul style="list-style-type: none"> (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): <ul style="list-style-type: none"> (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): _____ <p>(99) Unknown if belt used _____</p> <p>20. Proper Use of Manual (Active) Belts 1</p> <ul style="list-style-type: none"> (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat <p><i>Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____ <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>21. Manual (Active) Belt Failure Modes During Accident 1</p> <ul style="list-style-type: none"> (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p> 	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment 4</p> <ul style="list-style-type: none"> (0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <ul style="list-style-type: none"> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment <p>23. Automatic (Passive) Belt System Availability/Function 0</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown <p><i>Non-functional</i></p> <ul style="list-style-type: none"> (4) Automatic belts destroyed or rendered inoperative (9) Unknown <p>24. Automatic (Passive) Belt System Use 0</p> <ul style="list-style-type: none"> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____ (3) Automatic belt use unknown (9) Unknown <p>25. Automatic (Passive) Belt System Type 0</p> <ul style="list-style-type: none"> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown <p>26. Proper Use of Automatic (Passive) Belt System 0</p> <ul style="list-style-type: none"> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat <p><i>Automatic Belt Used Improperly</i></p> <ul style="list-style-type: none"> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident 0</p> <ul style="list-style-type: none"> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>
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POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"	4	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown	1
29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	2	31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	1
Check the Primary Source Used In Determining Belt Use. <input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown if belt used		32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> <hr/> <hr/> <hr/> <hr/>	0
		33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	0
		34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown	1

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>1</u></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ - 9 9 6</u></p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>1</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>2</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>1</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>1</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0 1</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0 1</u></p> <p>(00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____ (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <u>1</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown

50. Seat Type (this Occupant Position) 09
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

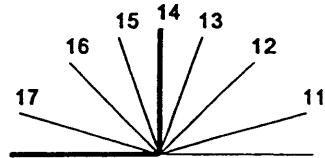
(2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*

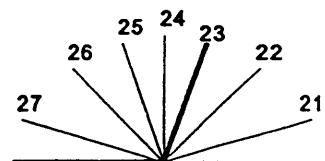
53. Seat Back Incline Prior and Post Impact 2 3
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

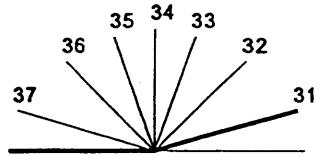
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

<p>55. Child Safety Seat Make/Model <u> 0 0 0 </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): <hr/> (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>56. Type of Child Safety Seat <u> 0 </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): <hr/> (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>57. Child Safety Seat Orientation <u> 0 0 </u> <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): <hr/> (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): <hr/> (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): <hr/> (29) Unknown orientation (99) Unknown if child safety seat used</p>	<p>58. Child Safety Seat Harness Usage <u> 0 0 </u> 59. Child Safety Seat Shield Usage <u> 0 0 </u> 60. Child Safety Seat Tether Usage <u> 0 0 </u></p> <p>Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
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INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

1**63. Type Of Medical Facility (for Initial Treatment)**

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

4**64. Hospital Stay**

(00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

0 0**65. Working Days Lost**

Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 7**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

0015**67. 1st Medically Reported Cause of Death**001**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant041

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score

(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

72. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): _____

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO₃01

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported , HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9608</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source Confidence Level	Injury Direct/Indirect Level	Occupant Area Intrusion Number
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect			
Abrasion									
(L) side	1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>171</u>
Nose								13. <u>1</u>	14. <u>1</u>
								15. <u>00</u>	
Abrasion	2nd	16. <u>3</u>	17. <u>7</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>011</u>
dorsum								24. <u>3</u>	25. <u>1</u>
(R) Hand								26. <u>00</u>	
Abrasions	3rd	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>010</u>
(R) knee + lower leg								35. <u>2</u>	36. <u>1</u>
								37. <u>00</u>	
Contusions	4th	38. <u>3</u>	39. <u>9</u>	40. <u>9</u>	41. <u>04</u>	42. <u>00</u>	43. <u>1</u>	44. <u>9</u>	45. <u>697</u>
NF 5								46. <u>9</u>	47. <u>7</u>
								48. <u>99</u>	
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>
								57. <u> </u>	58. <u> </u>
								59. <u> </u>	
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>
								68. <u> </u>	69. <u> </u>
								70. <u> </u>	
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>
								79. <u> </u>	80. <u> </u>
								81. <u> </u>	
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>
								90. <u> </u>	91. <u> </u>
								92. <u> </u>	
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>
								101. <u> </u>	102. <u> </u>
								103. <u> </u>	
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>
								112. <u> </u>	113. <u> </u>
								114. <u> </u>	

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	Abbreviated Injury Scale (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity
	<u>Head - LOC</u> (02) Length of LOC (04) Level of (06) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		
SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY	
OFFICIAL RECORDS (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source	
UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police			

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Air Bag Deployed
(ED, NN)

Restrained?

No
 Yes (NN)

Blood Alcohol Level
(mg/dl)

BAL = _____

Glasgow Coma
Scale Score

GCSS = 15
(ED)

Units of Blood
Given

Units = _____

Arterial Blood Gases

pH = _____

PO₂ = _____

PCO₂ = _____

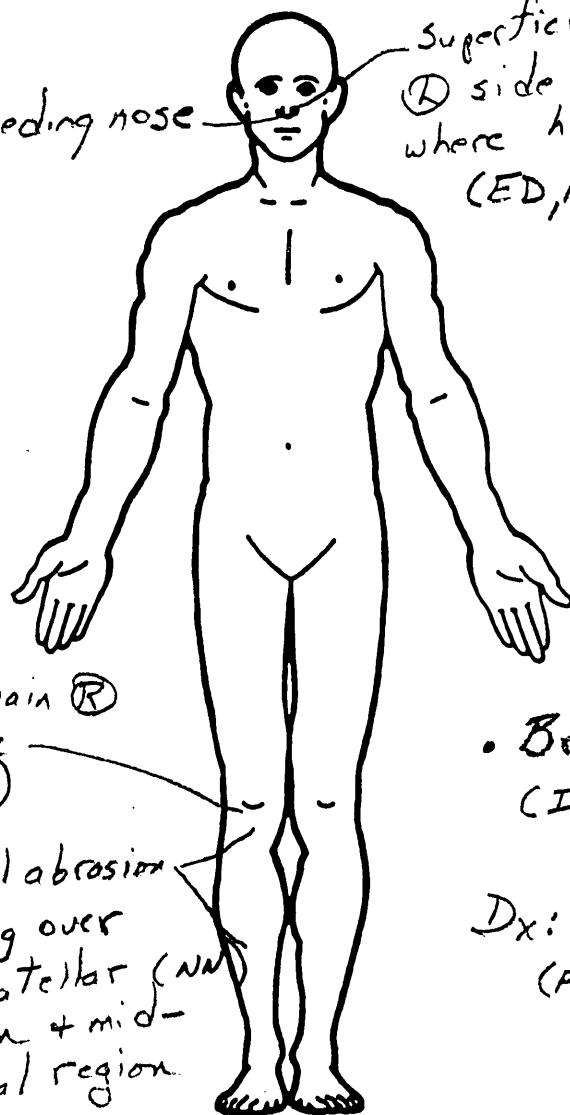
HCO₃ = _____

- Applied brakes but was unable to stop in time (ED)
 - Hit rear of other vehicle @ ~ 50 m.p.h. (ED, NN)

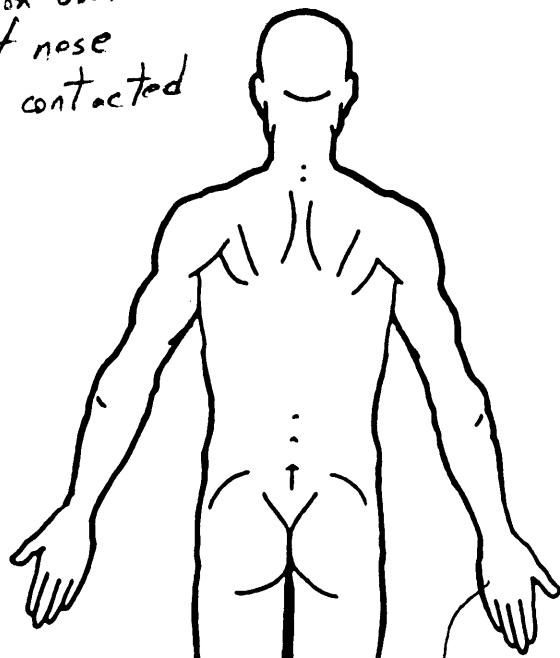
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Hit head on air bag
(NN)

- Bleeding nose
(NN)



Superficial abrasion over
① side bridge of nose
where his glasses contacted
(ED, NN)



- c/o pain ②

Knee
(NN)

Small abrasion

③ leg over
pre-patellar (NN)
region + mid-
tibial region
(ED)

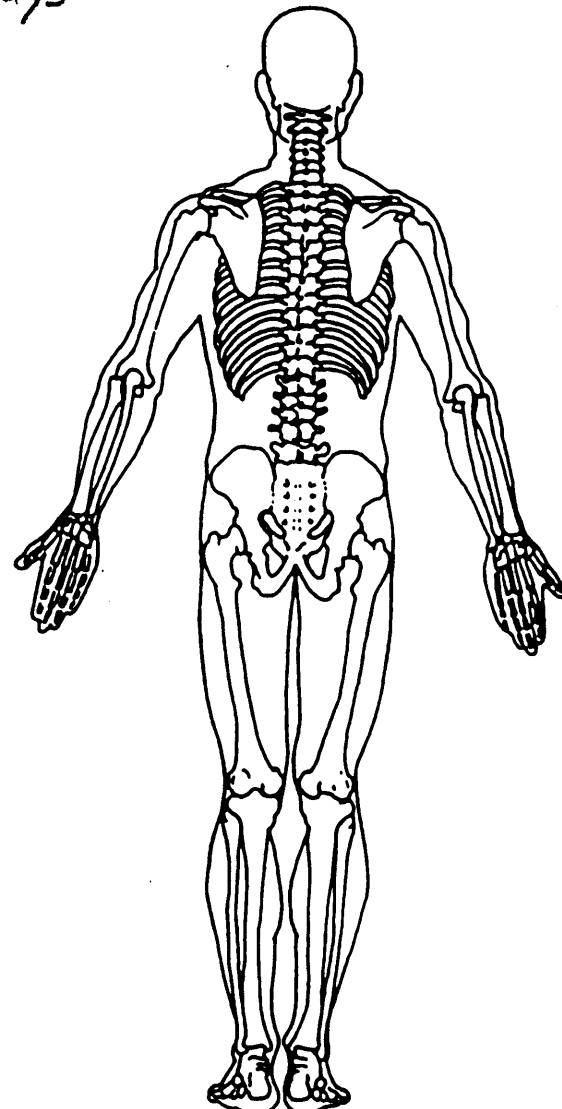
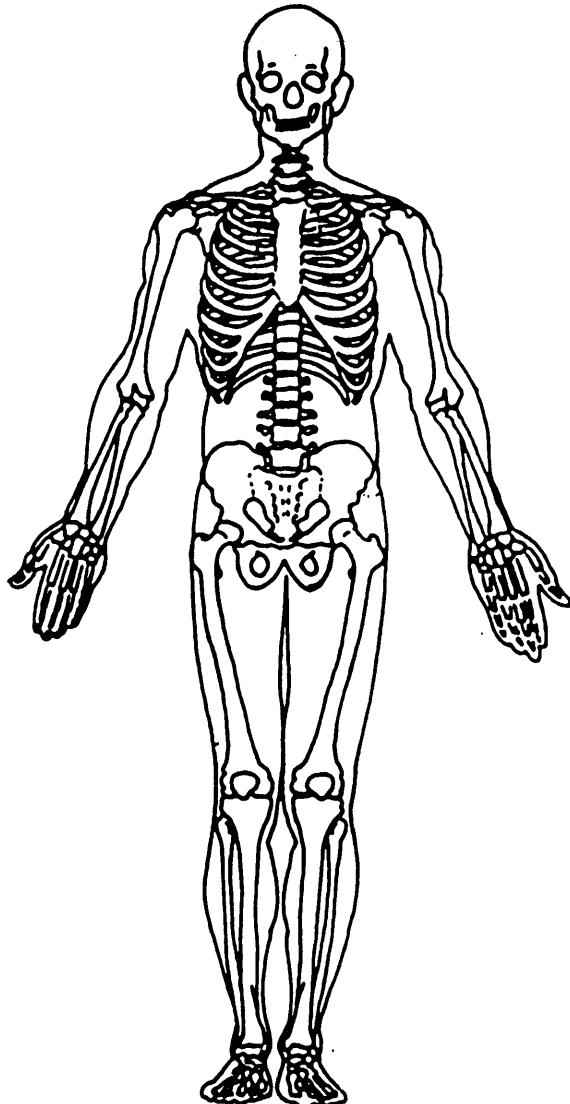
• Superficial abrasion
over dorsum ④
hand (ED)

Dx: Multiple Abrasions
(FS, ED, IS)

OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

No X-rays
(IS)



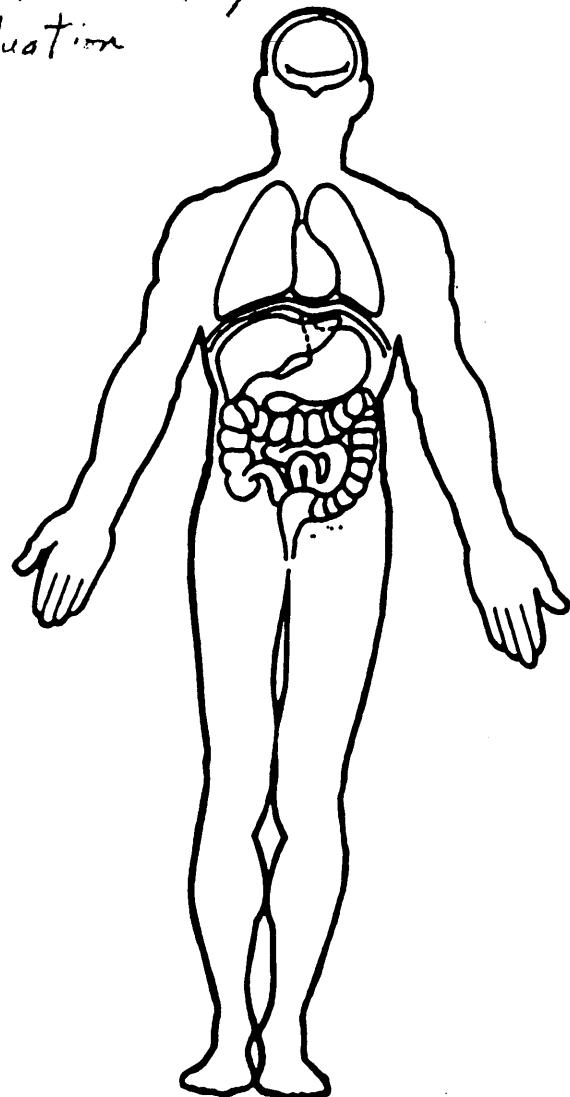
INJURY SOURCES

FRONT	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(001) Windshield	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(002) Mirror	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(003) Sunvisor	(105) Other right pillar (specify):	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(004) Steering wheel rim	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(005) Steering wheel hub/spoke	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(006) Steering wheel (combination of codes 004 and 005)	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(007) Steering column, transmission selector lever, other attachment	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify)	
(008) Cellular telephone or CB radio	(110) Other right side object (specify):		(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)			
(010) Left instrument panel and below			EXTERIOR OF OTHER MOTOR VEHICLE
(011) Center instrument panel and below			(501) Front bumper
(012) Right instrument panel and below			(502) Hood edge
(013) Glove compartment door			(503) Other front of vehicle (specify): _____
(014) Knee bolster			
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)			(504) Hood
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)			(505) Hood ornament
(017) Windshield reinforced by exterior object (specify)			(506) Windshield, roof rail, A-pillar
(019) Other front object (specify):			(507) Side surface
			(508) Side mirrors
			(509) Other side protrusions (specify): _____
LEFT SIDE			
(051) Left side interior surface, excluding hardware or armrests			(510) Rear surface
(052) Left side hardware or armrest			(511) Undercarriage
(053) Left A (A1/A2)-pillar			(512) Tires and wheels
(054) Left B-pillar			(513) Other exterior of other motor vehicle (specify): _____
(056) Other left pillar (specify):			
(056) Left side window glass			(514) Unknown exterior of other motor vehicle
(057) Left side window frame			
(058) Left side window sill			OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.			(551) Ground
(060) Other left side object (specify):			(598) Other vehicle or object (specify): _____
RIGHT SIDE			(599) Unknown vehicle or object
(101) Right side interior surface, excluding hardware or armrests			NONCONTACT INJURY
			(601) Fire in vehicle
			(602) Flying glass
			(603) Other noncontact injury source (specify): _____
			(604) Air bag exhaust gases
			(697) Injured, unknown source

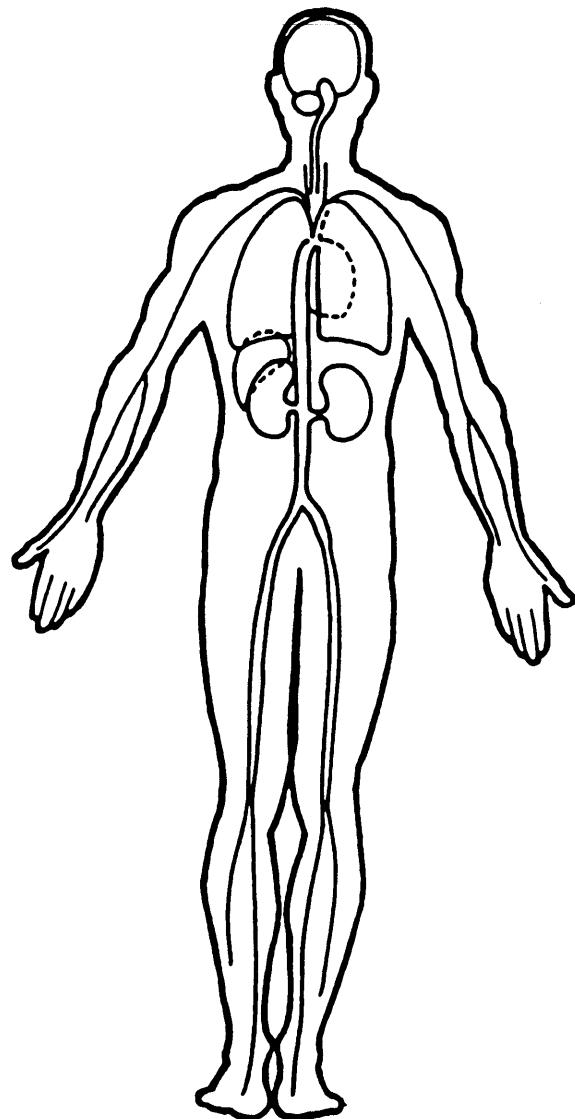
OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Self extrication ambulatory at scene & ambulatory for this evaluation (ED)



- Awake, alert, oriented x3 (ED, NN)



CAUSE OF DEATH

ICD-9-CM

914.0 Abrasion/friction burn of hand(s), no infection
 916.0 Abrasion/friction burn of hip, thigh, leg, and ankle, no infection

(FS)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests		
<input type="checkbox"/> Blood test only		
<input type="checkbox"/> Urine test only		
<input type="checkbox"/> Other test		
<input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
AS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

ED Emergency Department Record
 IS General Instruction Sheet

OUTPATIENT/
EMERGENCY
RECORD

Pennsylvania

PATIENT NAME/ADDRESS		PHONE/SS NO./COUNTY		PAT ACCT NO.	ADM DATE	TIME	MEDICAL RECORD NO.								
					96	13:12									
P [REDACTED] ON [REDACTED]				ACCOM CODE ROOM/BED	FC	PT TYPE	SMKR	PUB	MOA	HISTORY NO.					
				/	A	E	N	2							
PATIENT		AGE	CD	BIRTHDATE	SEX	RACE	MS	VET	REF SRC	RELIGION	DISCHARGE DATE	TIME	PREV DISCH DATE	READMIT	ADM CLERK
		75	Y	1/20	M	W	M	N	7	0	96	13:12	96	N	
ADMIT CODE/DIAGNOSIS		PAT SVC ADM CL ACCIDENT DATE TIME CODE													
MVA		EMR EMERGENCY 96 :00 1													
ADMITTING PHYSICIAN CODE/NAME		EMPLOYER NAME/ADDRESS PHONE/OCCUPATION													
ATTENDING PHYSICIAN CODE/NAME		000-0000													
NOTIFY IN CASE OF EMERGENCY		PHONE		NEXT OF KIN		PHONE/OCCUPATION									
PATIENT PREV LAST NAME		ON													

AUTHORIZATION TO RELEASE INFORMATION: I AUTHORIZE [REDACTED] AND ANY ASSOCIATED PHYSICIAN TO RELEASE ANY INFORMATION REQUESTED

SIGNED _____ DATE _____ 19 _____ PATIENT (PARENT, IF MINOR)

ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED HOSPITAL AND/OR ASSOCIATED PHYSICIANS OF THE GROUP HOSPITAL AND/OR MEDICAL BENEFITS HEREIN SPECIFIED AND OTHERWISE PAYABLE TO ME BUT NOT EXCEED THE HOSPITAL'S AND /OR PHYSICIAN'S REGULAR CHARGES FOR THIS PERIOD OF HOSPITALIZATION AND/OR SERVICES. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR THE CHARGES NOT COVERED BY THIS ASSIGNMENT.

SIGNED _____ DATE _____ 19 _____ INSURED PARTY

SPECIAL MEDICARE ASSIGNMENT: I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT IS CORRECT. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I REQUEST THAT PAYMENT OF AUTHORIZED BENEFITS BE MADE IN MY BEHALF. I ASSIGN THE BENEFITS PAYABLE FOR PHYSICIAN SERVICES TO THE PHYSICIAN OR ORGANIZATION FURNISHING THE SERVICES OR AUTHORIZE SUCH PHYSICIAN OR ORGANIZATION TO SUBMIT A CLAIM TO MEDICARE FOR PAYMENT TO ME.

SIGNED _____ DATE _____ 19 _____ INSURED MEDICARE PARTY

GUARANTOR		NAME/ADDRESS	PHONE/GUARANTOR NO.	EMPLOYER NAME/ADDRESS	PHONE/OCCUPATION
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		ON	[REDACTED]	[REDACTED]	[REDACTED]
INSURANCE		INSURED'S NAME/PLAN ADDRESS	POLICY NO./RELATIONSHIP/PLAN	GROUP NAME/ADDRESS	GROUP NO. C.O.B.
		[REDACTED]	[REDACTED]	[REDACTED]	1
		UN	[REDACTED]	[REDACTED]	[REDACTED]
		INSURED'S NAME/PLAN ADDRESS	POLICY NO./RELATIONSHIP/PLAN	GROUP NAME/ADDRESS	GROUP NO. C.O.B.
		[REDACTED]	[REDACTED]	[REDACTED]	0
		INSURED'S NAME/PLAN ADDRESS	POLICY NO./RELATIONSHIP/PLAN	GROUP NAME/ADDRESS	GROUP NO. C.O.B.
		[REDACTED]	[REDACTED]	[REDACTED]	0
COMPLAINT		ALLERGIES			
REFERRING DR: SELF		FAMILY DR: NU FAM DR			

[REDACTED]
[REDACTED] 96
[REDACTED]
[REDACTED] 20 75 Y [REDACTED]

OUTPATIENT/
EMERGENCY
RECORD

Pennsylvania

PAT	PAT ACCT NO.	ADM DATE	TIME	PAT SVC	ADM CL	FC	PT TYPE	SMKR	MOA	MEDICAL RECORD NO.		
		96 13:12		EMR	EMERGENCY	A	E	N	2			
PATIENT	PATIENT NAME/ADDRESS			PHONE/COUNTY		AGE	CD	BIRTHDATE	SEX	RACE	MS	RELIGION
	[REDACTED]			[REDACTED]		75 Y		/20 M	W	M		U
	ON											
	ADMITTING PHYSICIAN CODE/NAME					ATTENDING PHYSICIAN CODE/NAME						
PHYSICIAN	[REDACTED]					[REDACTED]						
						ALLERGIES NKA						
	ADMIT CODE/DIAGNOSIS MVA											
	CONDITION ON ARRIVAL:			<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	TIME SEEN:		1540		<input type="checkbox"/> AM	<input type="checkbox"/> PM
				<input type="checkbox"/> CRITICAL	<input type="checkbox"/> COMA							
	MEDICATIONS AND TREATMENTS ORDERS			TIME ARRIVED		LAB		X-RAY / EKG				
	Anesthetics Cleared			1540		<input type="checkbox"/> CBC	<input type="checkbox"/> PREG-U	<input type="checkbox"/> CHEST	<input type="checkbox"/> SHOULDER			
						<input type="checkbox"/> UA	<input type="checkbox"/> PREG-S	<input type="checkbox"/> ABD	<input type="checkbox"/> ELBOW			
						<input type="checkbox"/> ABG	<input type="checkbox"/> CMS-UA	<input type="checkbox"/> SKULL	<input type="checkbox"/> WRIST			
						<input type="checkbox"/> LYTES	<input type="checkbox"/> TRAUMA PACK	<input type="checkbox"/> SPINE	<input type="checkbox"/> HAND			
						<input type="checkbox"/> BUN	<input type="checkbox"/> _____	<input type="checkbox"/> FOOT	<input type="checkbox"/> _____			
						<input type="checkbox"/> GLUCOSE	<input type="checkbox"/> _____	<input type="checkbox"/> ANKLE	<input type="checkbox"/> _____			
						<input type="checkbox"/> PT/PTT	<input type="checkbox"/> SENSITIVITY	<input type="checkbox"/> KNEE	<input type="checkbox"/> _____			
						<input type="checkbox"/> CPK	<input type="checkbox"/> CULTURE	<input type="checkbox"/> EKG	<input type="checkbox"/> MONITOR			
						<input type="checkbox"/> LDH	<input type="checkbox"/> OF _____					

OBJECTIVE (Hx)

OBJECTIVE (Px)

Dictated

INITIAL VITAL SIGNS	
TIME	1430
B/P	162/94
TEMP.	98.1
PULSE	93
RESP	20
ICD/PROC. CODE	916.0
	914.0
	E812.0
ICD/CPT/PROC. CODE	

TREATMENT

ASSESSMENT (D)

*Multif. Trauma
VA - Mult. Abrasions*

DISCHARGE DISPOSITION

HOME AMA LWBS POLICE
 ADMIT TO _____ CORONER
 TRANSFER TO _____ By _____
 DOA STABLE IMPROVED

VSI

TIME OF
DISCHARGE:

1550

AM PM

MEDICAL RECORDS

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

NAME: [REDACTED] **MED. REC. NUMBER:** [REDACTED]

ADMISSION DATE: [REDACTED] **TIME:** 1540

DISCHARGE DATE: [REDACTED] /96 **TIME:** 1550

EMERGENCY DEPT. PHYSICIAN: [REDACTED]

FAMILY PHYSICIAN: None

ADMITTING PHYSICIAN:

HISTORY: This 75 year old white male was the driver of a mini van involved in an motor vehicle accident. The traffic stopped in front of him due to road construction. The patient applied his brakes but was unable to stop in time and struck the rear of the next vehicle at approximately 50 miles per hour speed. There was air bag deployment. The patient was self extricated from the vehicle and was ambulatory at the scene. He presents ambulatory at this time for evaluation. He has no focal complaint.

Past medical history is negative.

Medications: Regular medications are denied.

Allergies are denied.

The patient notes a small abrasion on his right leg.

Vital signs at 14:30: Blood pressure 182/94, temperature 98.1, pulse 93, respirations 20.

PHYSICAL EXAM: The patient is awake, alert and oriented times three, comfortable and in no distress at the time of examination. Skin is warm and dry without pallor or diaphoresis. HEENT reveals a superficial abrasion over the left side of the bridge of the nose where his glasses contacted. Pupils are equally and symmetrically reactive to light. Extraocular muscles were intact. Tympanic membranes and pharynx are unremarkable. No intraoral trauma is noted. Neck is supple and nontender to palpation. The trachea is midline without subcutaneous air. The chest wall is nontender to

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

ORIGINAL

palpation. Heart is regular at 90 per minute, without murmurs or ectopy. Lungs are clear to auscultation in all fields bilaterally with symmetrical breath sounds. The abdomen is soft and nontender to palpation without guarding, rebound or rigidity. The pelvis is stable and nontender to compression. Extremities: A superficial abrasion is noted over the dorsum of the right hand. Two superficial abrasions are noted over the prepatellar region and the mid tibial region of the right lower extremity. Range of motion and neurovascular status is intact. No gross deformity is appreciated.

TREATMENT:

1. Physical examination.
2. Osteopathic manipulative therapy not indicated.
3. Patient is instructed to follow up with his family physician.
4. He is to use ice to the areas as well as Tylenol as needed for pain.

ASSESSMENT: Motor vehicle accident - multiple abrasions.

DISCHARGE DISPOSITION: The patient is discharged to home in stable condition at 1550.

DD:

DT:

#

CC:

EMERGENCY DEPARTMENT NURSING ASSESSMENT

DATA SOURCE (INFORMANT)

CHIEF COMPLAINT:

ONSET: Today

NAME [REDACTED]		TIME 1420	LAB: _____		X-RAY: _____
ER # [REDACTED]		DATE [REDACTED]	TRIAGE TREATMENT: [REDACTED]		TRIAGE NURSE: [REDACTED]
*MODE OF ARRIVAL <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> CARRIED <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> STRETCHER		TIME TO TREATMENT 1520		RESPIRATORY *AIRWAY: <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> OBSTRUCTED *BREATHING <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT BREATHSOUNDS: <u>1</u> PATTERN: <u>reg / unlabored</u>	
*ALLERGIES <u>NKA</u>		AREA: <u>ped 2 A</u>		CARDIOVASCULAR SKIN: TEMP <u>warm</u> COLOR <u>gc</u>	
*BASIC TETANUS SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO		WT		HYDRATION _____	
DATE OF LAST TET TOX <u>Unknown</u>		*LMP		PULSES: APICAL RADIAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4 FEMORAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4 PEDAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4	
TIME <u>1430</u> T <u>98</u> P <u>93</u> R <u>20</u> BP <u>162/64</u>				CODE FOR PULSES + 1 DETECTED DOPPLER + 3 NORMAL + 2 WEAK + 4 BOUNDING	
<u>180</u> T <u>92</u> P <u>20</u> BP <u>180/90</u>				LOSS OF CONSCIOUSNESS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES DURATION _____	
VISUAL ACUITY <u>R</u> <u>L</u>				NEUROLOGICAL *LEVELS OF CONSCIOUSNESS: <input checked="" type="checkbox"/> ALERT <input type="checkbox"/> LETHARGIC <input type="checkbox"/> OBTUNDED <input type="checkbox"/> STUPOR <input type="checkbox"/> COMA	
HISTORY OF PRESENT ILLNESS OR INJURY <u>in MVA, driver seat belt. Hit head on airbag approx 50 mph. Hit head on air bag. Head abd in dashboard, rt knee. Pain to rt knee</u>				PUPILS SIZE IN mm 1 2 3 4 5 6 7 R SIZE <u>2</u> L SIZE <u>2</u> REACTION <u>bust</u> REACTION <u>bust</u>	
TREATMENT PRIOR TO ARRIVAL <input type="checkbox"/> FIRE DEPT. REPORT <u>none</u>				ORIENTATION <input checked="" type="checkbox"/> TIME <input checked="" type="checkbox"/> PLACE <input checked="" type="checkbox"/> PERSON SENSATION <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT <input type="checkbox"/> DECREASED	
MEDICATIONS (ROUTINE) <u>nasal decongestant</u>				MOTOR FUNCTION <input checked="" type="checkbox"/> PRESENT <u>hand grasp strong</u> <input type="checkbox"/> DECREASED <u>count 5 difficult</u> <input type="checkbox"/> ABSENT	
MEDICAL HISTORY <input checked="" type="checkbox"/> NO CHRONIC ILLNESS <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> HEART <input type="checkbox"/> OTHER				SPEECH: <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT <input type="checkbox"/> ABNORMAL	
PAIN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LOCATION <u>rt knee</u> DESCRIPTION <u>painful</u>				SEIZURE ACTIVITY: <input type="checkbox"/> NO <input type="checkbox"/> YES DESCRIBE: _____	
<input checked="" type="checkbox"/> MINIMAL <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> CONSTANT <input type="checkbox"/> RADIATES TO: _____ <input type="checkbox"/> RELIEVED BY: _____ <input type="checkbox"/> INCREASED BY: _____ <input type="checkbox"/> ASSOCIATED SYMPTOMS: _____				BEHAVIOR/EMOTIONAL STATE <u>Calm, NAD</u>	
DISCHARGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> VAGINAL <input type="checkbox"/> URETHRAL <input type="checkbox"/> OTHER				GI/GU ABDOMEN <input type="checkbox"/> NON-TENDER <input type="checkbox"/> TENDER <input type="checkbox"/> DISTENDED <input type="checkbox"/> OTHER BOWEL SOUNDS <input type="checkbox"/> NORMAL <input type="checkbox"/> NONE HEARD <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> HYPERACTIVE	
BLEEDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LOCATION <u>nose</u> DURATION _____ COLOR _____				EMESIS (DESCRIBE) STOOL (DESCRIBE) URINE (DESCRIBE)	

NURSES NOTES:

1630 - pt remains alert, oriented, v1600 ambulatory

NURSES SIGNATURE: [REDACTED]

REQUIRES DOCUMENTATION

 ER CONT FORM CODE BLUE RECORD

DEPARTMENT OF
EMERGENCY MEDICINE

GENERAL
INSTRUCTION SHEET

NOTE: The examination and treatment you have received in the Emergency Department have been provided on an emergency basis only, and are not intended to provide complete medical care. You are urged to follow carefully the instructions given on this sheet. If your symptoms worsen or if you develop new problems or complications, contact your personal physician or return to the Emergency Department.

Follow instructions marked (✓)

SPONGE FOR TEMPERATURE TECHNIQUE:

For temperatures above 102° place child in tub of lukewarm water for 20 minutes. Pour the water over the child. The child may begin to chill, this is a normal response. After 20 minutes recheck child's temperature. It should be reduced. If not contact your physician.

SPECIFIC INSTRUCTIONS:

Apply ice packs 4 to 5 times/day for 15 minutes, for 2 days. *No Bruised Areas-*

After _____ days, apply warm compresses or heating pad 4 to 5 times/day for _____ minutes.

DIET RESTRICTIONS:

Clear liquids (water, tea, gatorade, jello, soda) for _____ hrs. then slowly increase diet as tolerated.
 Other:

MEDICATIONS: Be sure to finish *all* medication prescribed.

The medication _____ may cause drowsiness therefore, you should not drive or use machinery.
 Take the following medication *Ibuprofen 200mg 2-3* every 6 hours *As Needed* days for *Pain*.
 Take the following medication _____ every _____ hours for _____ days for _____.
 Take the following medication _____ every _____ hours for _____ days for _____.
 Take Aspirin or Tylenol for temperature/pain every four hours as needed.

X-RAY:

IMPORTANT NOTICE

Your x-ray has been interpreted by the Emergency Physician. Your x-ray will be reread by a radiologist in 24 hours. If this interpretation differs from what you have been told, you will be notified.

FOLLOW-UP CARE INSTRUCTIONS:

Call the office of Dr. *Family D* or your family doctor to arrange for an appointment to be seen in 3-5 days for follow-up care. Tell the office receptionist that you were initially treated in the Emergency Department.
 You were given a business card of the specialist.

PHYSICIAN OFFICE PHONE

IF YOU HAVE ANY QUESTIONS OR PROBLEMS PLEASE CALL OR RETURN TO THE EMERGENCY DEPARTMENT 749-5700

ACTIVITY AND/OR RESTRICTIONS

Resume Normal Activity Rest
 May Work Light Work
 No Gym or Sports No Work
 No Weight Bearing No School
 Light Weight Bearing

If you have an injury or illness that is work related, it is your duty to comply with your company's policy for work-related injuries. In most cases, you need to contact your plant supervisor, plant physician or plant nurse within twenty-four (24) hours of your injury or illness to see if you can work or not. This should be done whether or not you have been given duty or work restrictions at this hospital.

Restrictions _____

Diagnosis

MVA - Mult Abusions

From _____ thru _____ Total Days _____

Physician _____

Date

1/96

Instructions given by: _____

I have received and do understand the above instructions.

Patient/Relative *[Signature]*

**NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9608
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 98
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 160
Code actual height to the nearest centimeter.
(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight 047
Code actual weight to the nearest kilogram.
(999) Unknown

103 pounds X .4536 = 46 kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11

Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): _____
- (15) On or in the lap of another occupant

Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): _____
- (25) On or in the lap of another occupant

Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): _____
- (35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): _____
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

- (98) Other seat (specify): _____
- (99) Unknown

11. Occupant's Posture 4
(0) Normal posture

Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): _____
- (9) Unknown

EJECTION/ENTRAPMENT

<p>12. Ejection <input type="checkbox"/> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <input type="checkbox"/> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown</p> <p>14. Ejection Medium <input type="checkbox"/> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____ (5) Integral structure (8) Other medium (specify): _____ (9) Unknown</p>	<p>15. Medium Status (Immediately Prior To Impact) <input type="checkbox"/> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <input type="checkbox"/> (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): _____ (9) Unknown</p> <p>17. Occupant Mobility <input type="checkbox"/> (2) (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or not oriented to time or place (2) Removed from vehicle due to perceived serious injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (8) Removed from vehicle for other reasons (specify): _____ (9) Unknown</p>
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BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____ (9) Unknown</p>	4	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>	4
<p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____ (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used</p>	04	<p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	0
<p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown</p>	1	<p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p>	0
<p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown</p>	1	<p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p>	0
<p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p>	0		

POLICE REPORTED RESTRAINT USE		AIR BAG SYSTEM FUNCTION	
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>		<p>4</p> <p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>	
<p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>		<p>2</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>	
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <p>_____ _____ _____ _____</p>		<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p>	
		<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>	
		<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>1</u></p> <p>(0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ 996</u> (+) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i> (-) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown</p>
<p>36. Type of Air Bag <u>1</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>2</u> (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>1</u> (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>1</u> (0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>01</u></p> <p>(00) Not equipped/not available _____ <i>Code the accident event sequence number that initiated the air bag deployment</i> (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>01</u> (00) Not equipped/not available (01) Not damaged <i>Yes - Air Bag Damage</i> (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>1</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	<p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
(03) Object carried by occupant, (specify):
(04) Adaptive/assistive controls, (specify):
(05) Fire in vehicle
(06) Thermal burns
(07) Rescue or emergency efforts
(08) Other damage source (specify):
(95) Damaged, unknown source
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): 1 WIDE one
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
(3) Deployed, unknown if vent ports present
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
(3) Deployed, unknown if other occupant contact to air bag
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
(9) Unknown

50. Seat Type (this Occupant Position) 09
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
(99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 3
per DRIVER
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

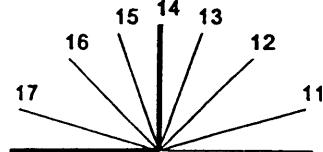
*TRACK in rear most position @ inspection
 most likely moved when PASS. removed by EMS personnel.*

HEAD RESTRAINT AND SEAT EVALUATION *continued*

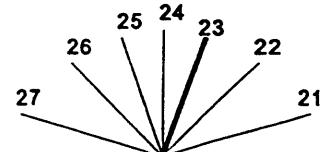
53. Seat Back Incline Prior and Post Impact 2 3
 (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

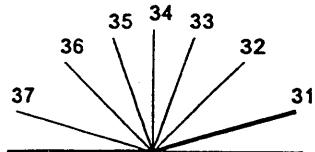
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT**55. Child Safety Seat Make/Model** 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0**59. Child Safety Seat Shield Usage** 0 0**60. Child Safety Seat Tether Usage** 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used
- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

21**63. Type Of Medical Facility (for Initial Treatment)** /

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

64. Hospital Stay

(00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

02**65. Working Days Lost**

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

32
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

67. 1st Medically Reported Cause of Death01**68. 2nd Medically Reported Cause of Death**02**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant14

14 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)15

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO₃01

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9608</u>	4. Occupant Number	<u>02</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	A.I.S. - 90	Level of Injury	A.I.S. Severity	Aspect	Injury Source Confidence Level	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
Brain stem herniation	1st	<u>2</u>	<u>1</u>	<u>4</u>	<u>02</u>	<u>02</u>	<u>5</u>	<u>8</u>	<u>180</u>	<u>2</u>	<u>1</u> <u>00</u>
Subdural hematoma	2nd	<u>2</u>	<u>1</u>	<u>4</u>	<u>06</u>	<u>50</u>	<u>4</u>	<u>1</u>	<u>180</u>	<u>1</u>	<u>1</u> <u>00</u>
Contusion (R) frontal lobe	3rd	<u>2</u>	<u>1</u>	<u>4</u>	<u>06</u>	<u>06</u>	<u>3</u>	<u>1</u>	<u>180</u>	<u>1</u>	<u>1</u> <u>00</u>
Edema diffuse (R) cerebrum	4th	<u>2</u>	<u>1</u>	<u>4</u>	<u>06</u>	<u>70</u>	<u>3</u>	<u>1</u>	<u>180</u>	<u>1</u>	<u>1</u> <u>00</u>
Fx, open (R) ulna with nerve injury	5th	<u>2</u>	<u>7</u>	<u>5</u>	<u>32</u>	<u>06</u>	<u>3</u>	<u>1</u>	<u>205</u>	<u>2</u>	<u>1</u> <u>00</u>
Fx, comminuted (R) radius	6th	<u>2</u>	<u>7</u>	<u>5</u>	<u>28</u>	<u>04</u>	<u>3</u>	<u>1</u>	<u>205</u>	<u>2</u>	<u>1</u> <u>00</u>
Dislocation (R) wrist/h ulna carpal	7th	<u>3</u>	<u>7</u>	<u>5</u>	<u>14</u>	<u>30</u>	<u>2</u>	<u>1</u>	<u>205</u>	<u>2</u>	<u>1</u> <u>00</u>
Injury to ulnar artery	8th	<u>2</u>	<u>7</u>	<u>2</u>	<u>10</u>	<u>99</u>	<u>1</u>	<u>1</u>	<u>205</u>	<u>2</u>	<u>1</u> <u>00</u>
Contusion (R) forehead	9th	<u>2</u>	<u>2</u>	<u>9</u>	<u>04</u>	<u>02</u>	<u>1</u>	<u>7</u>	<u>180</u>	<u>1</u>	<u>1</u> <u>00</u>
Laceration (R) eyebrow	10th	<u>3</u>	<u>2</u>	<u>9</u>	<u>06</u>	<u>02</u>	<u>1</u>	<u>7</u>	<u>181</u>	<u>1</u>	<u>1</u> <u>00</u>

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head			(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax	<u>Vessels, Nerves, Organs,</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(7) Superior
(8) Lower Extremity		99 is assigned to any injury NFS as to lesion or severity.	(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown (0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	Head - LOC		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	Spine		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):

(9) Police

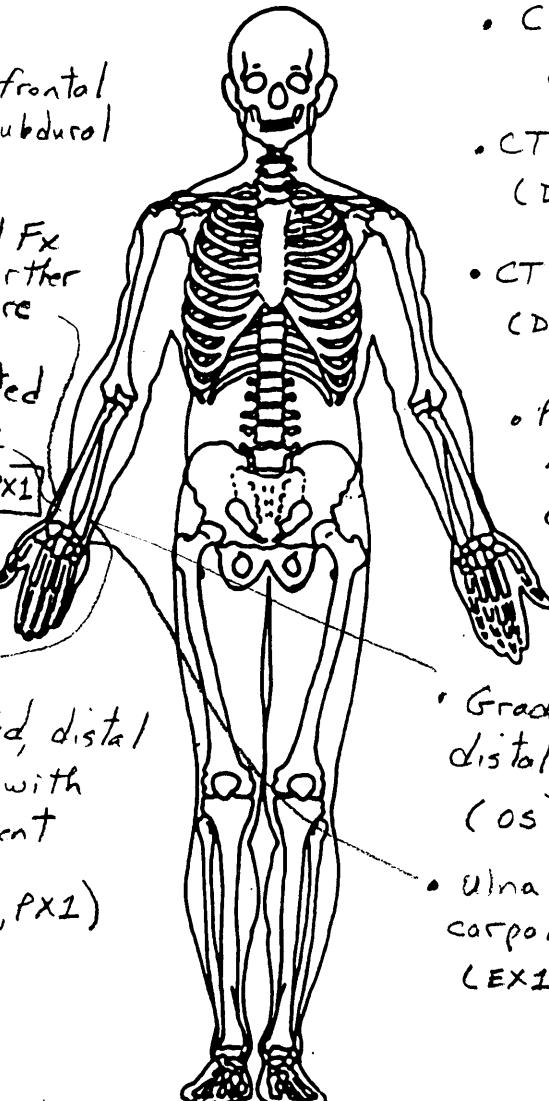
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

<ul style="list-style-type: none"> • Airbag Deployed (ED, CN1, HP, CN3) DS, CV <p>Restraint? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (ED, CN1, HP, DS)</p> <p>Blood Alcohol Level (mg/dl) BAL = _____</p> <p>Glasgow Coma Scale Score $\frac{15}{15}$ GCSS = <u>14-15</u> (ED, HP) (CN2)</p> <p>Units of Blood Given Units = <u>0</u> (OS)</p> <p>Arterial Blood Gases pH = _____ PO₂ = _____ PCO₂ = _____ HCO₃ = _____</p>	<ul style="list-style-type: none"> • Belted front seat passenger (ED, HP, DS, CV) <p>Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)</p> <p> Bruising \otimes forehead (CN3) • Laceration, 2-3 mm over \otimes eye brow ridge (ED) • C/o pain \otimes chest, R/o myocardial contusion (CN3) • + Deformity \otimes distal forearm (CN1) • 5cm laceration of distal forearm, volar aspect (CN1, ED) • 4cm laceration (OS) </p> <p> Bruising below \otimes eye (CN3, CV) • Ecchymosis with edema lower lip, R (ED, CN3) • Contusions, multiple oral labial (HP) </p> <p> • C/o neck pain (CN1) • C/o pain \otimes shoulder (CN3) • C/o \otimes arm pain (CN2, CN3) • Ecchymosis and edema extending down to \otimes hand (ED) • Laceration over dorsum of fingers (ED) </p> <p>Height: 5'4" Weight: 126 lbs (CN3)</p>
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OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- No Battle's or racoon sign noted (ED)
- CT Scan Head: frontal contusion + R subdural hematoma (DS)
- Segmental radial Fx that will need further surgery in the future (OS)
- Severely comminuted distal radius Fx
[CN1, CN3, DS, EX1, PX1]
EX4]
- Marked impaction and foreshortening of distal radius (EX1)
 - Open, comminuted, distal ulna fracture with radial displacement (CN1, CN3, DS, EX1, PX1)



Estimated blood loss: None (OS)

- Chest X-ray: Negative (ED, DS, EX1)
- CT Scan Abdomen: Benign (DS, EX3)
- CT Scan Pelvis: Benign (DS, EX3)
- Pelvis X-ray: Negative (DS, EX4)
- Grade 3 open fracture R distal radius + ulna (OS)
 - Ulna displaced and ulnar carpal joint disrupted (EX1, EX4)
- CT Scan C₁ + C₂: Negative (EX3)
- C-Spine X-rays: Negative (ED, DS, EX1, EX4)
- Open Fx R distal forearm with displacement
[ER, ED, CN3, DS]
- Possible avulsion Fx proximal, lateral 1st metacarpal + marked degeneration of 1st metacarpal phalangeal joint (EX4)

INJURY SOURCES

FRONT	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): _____	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side _____	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): _____	
(001) Windshield (002) Mirror (003) Sunvisor (004) Steering wheel rim (005) Steering wheel hub/spoke (006) Steering wheel (combination of codes 004 and 005) (007) Steering column, transmission selector lever, other attachment (008) Cellular telephone or CB radio (009) Add on equipment (e.g., tape deck, air conditioner) (010) Left instrument panel and below (011) Center instrument panel and below (012) Right instrument panel and below (013) Glove compartment door (014) Knee bolster (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only) (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only) (017) Windshield reinforced by exterior object (specify) _____	(106) Right side window glass (107) Right side window frame (108) Right side window sill (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail. (110) Other right side object (specify): _____	(186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth _____	EXTERIOR of OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g., outside mirror, antenna) (453) Other exterior surface or tires (specify): _____	
(019) Other front object (specify): _____	(151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): _____	(190) Other air bag (specify) _____	(454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): _____	
LEFT SIDE (051) Left side interior surface, excluding hardware or armrests (052) Left side hardware or armrest (053) Left A (A1/A2)-pillar (054) Left B-pillar (055) Other left pillar (specify): _____	(161) Interior loose objects (162) Child safety seat (specify): _____	(163) Other interior object (specify): _____	ROOF (201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top FLOOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake AIR BAG (170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry REAR (301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source RIGHT SIDE (101) Right side interior surface, excluding hardware or armrests	(504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): (510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): (514) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): (599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): (604) Air bag exhaust gases (697) Injured, unknown source Raised roof

OFFICIAL INJURY DATA –INTERNAL INJURIES

- Not oriented to person, place, or time, however this appears to be baseline for this individual according to her husband (ED, DS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Awake, alert, attentive and in extreme distress secondary to (R) arm pain (CED, DS)
- Contusion minuscule, (R) frontal lobe (CN2)
- Pt was unstable on OR table and therefore, it was decided to stop procedure. Fix stable (OS)
- The change @ the cortico-medullary junction is probable contusion with a possible shearing injury (PX2)
- Hyperdense area @ posterior (L) lateral ventricle suspected to be hemorrhage (PX)
- No LOC (CN1, CN3, DS) (ED, DS)
- Pt unable to recall any event of accident (CN1, CN3, DS) (ED, DS)
- Denied dizziness or blurred vision (DS)
- Severe CHI (CN2)
- Subdural hematoma (R) frontal, parietal, temporal lobes (CN2, CN3, DS, EX3, PX2, CI)
- Brain stem herniation (DS)
- Fasciotomy (R) arm; ulnar artery and nerve were found to be tented over the forearm fascia (OS)
- Hypodensity at the corticomedullary junction on (R) frontal lobe near the vertex which is a shear injury (EX3)
- Diffuse brain edema on (R) side with effacement of the sulci on the (R) with minimal mass effect, asymmetry of ventricular system (EX3, PX2)
- CN II - XII grossly intact (ED, HP)
- Neurologically (R) SDH but seems alert + oriented (CN3)
- Change @ the level of the tentorium, unknown origin (PX2)
- Ischemic (R) hand (OS)

CAUSE OF DEATH

- Brainstem herniation due to an enlargement of this (subdural) hematoma (CDS)
- Subdural hematoma complicated by hypertension (CV)

ICD-9-CM

348.4	Compression (herniation) of brain stem
813.54	Open fracture distal radius and ulna
852.20	Subdural hemorrhage, no open wound, site not specified
903.3	Injury ulnar blood vessels
955.2	Injury to ulnar nerve (DR)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
Blood and urine tests		
Blood test only		
Urine test only		
Other test		
Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

DR Discharge Record (status sheet) ED Emergency Department Record

**MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY**

DISCHARGE STATUS SHEET

ALIVE
 EXPIRED
 ICU DAYS

DISCHARGE DATE: 1/14/96

DISCHARGE CODE:

CODE

Principal diagnosis responsible for admission

S/P MUA

852.20

Subdural Hematoma

813.54

Open comminuted Fr (R) wrist

348.4

Multiple contusions

E81.1

903.3

955.2

SOMATIC DYSFUNCTION: THORACIC CERVICAL LUMBAR

NONE OTHER

CODE

COMPLICATIONS

PROCEDURES

I&D, Exploration, External Fixation (R) wrist

CODE

Principal procedure

(REMOVED)

3/8

79.62

38.08

04.04

83.14

79.02

DISCHARGE PROGRAM (INSTRUCTIONS, MEDICATIONS, DIET)

discharged to morgue

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Signed _____

Attending Physician

Signed _____

Attending Physician

Date

1/14/96

SUMMARY DICTATED R

Pennsylvania

PAT ACCT NO.	ADM DATE	TIME	PAT SVC	ADM CL.	FC	PT TYPE	SMKR	MOA	MEDICAL RECORD NO.	
[REDACTED]	/96	13:05	EMR	EMERGENCY	A	E	N	1	[REDACTED]	
PATIENT NAME/ADDRESS		PHONE/COUNTY		AGE	CD	BIRTHDATE	SEX	RACE	MS	RELIGION
[REDACTED]		[REDACTED]		98	Y	/97	F	W	M	O
ADMITTING PHYSICIAN CODE/NAME		ATTENDING PHYSICIAN CODE/NAME [REDACTED]								
ADMIT CODE/DIAGNOSIS		ALLERGIES								
MUA										

PHYSICIAN	CONDITION ON ARRIVAL:	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> DOOR	TIME SEEN:	1505	<input type="checkbox"/> AM	<input type="checkbox"/> PM
		<input type="checkbox"/> CRITICAL	<input type="checkbox"/> COMA					

TIME	MEDICATIONS AND TREATMENTS	TIME ARRIVED	LAB	X-RAY / EKG		
	V#1 1000a NSS	1255 CC	<input checked="" type="checkbox"/> CBC 1255	<input type="checkbox"/> CHEST	<input type="checkbox"/> SHOULDER	
	IU#2 heptocor	1400 a	<input checked="" type="checkbox"/> BUN done	<input type="checkbox"/> ABD	<input type="checkbox"/> ELBOW	
	Oz 6L NTC	1250 ce	<input type="checkbox"/> ABG	<input type="checkbox"/> SKULL	<input type="checkbox"/> WRIST	
	Foley 18F. clear-hemostat- Nonhe	1400 cc	<input type="checkbox"/> LYTES	<input type="checkbox"/> TRAUMA PACK	<input checked="" type="checkbox"/> SPINE (cont)	<input checked="" type="checkbox"/> HAND
	No cube.	1420 Dr. anal	<input type="checkbox"/> BUN	<input checked="" type="checkbox"/> C7	<input type="checkbox"/> FOOT	<input checked="" type="checkbox"/> ARM
	ice split to open fx (R) arm	on arm	<input type="checkbox"/> GLUCOSE	<input checked="" type="checkbox"/> TcC 4u	<input type="checkbox"/> ANKLE	<input checked="" type="checkbox"/> XCI-Read
	CSpine preo instated + maintained on arm		<input checked="" type="checkbox"/> PT/PTT 1255	<input type="checkbox"/> SENSITIVITY	<input type="checkbox"/> KNEE	<input type="checkbox"/> ADP, Pains
	Mastigrafilm 800g in thigh	1430 ce	<input type="checkbox"/> CPK	<input type="checkbox"/> CULTURE		<input type="checkbox"/> done
	MS 2mg IV	1503 ce	<input type="checkbox"/> LDH	OF _____		
	Magnisulfate 2gm over 5ml	1507 ce				

OBJECTIVE (Hx)	to X-ray 1510 ce pelvis. 1 st mtg pasti 1415 ce
	TO CT

OBJECTIVE (Px)	INITIAL VITAL SIGNS
<i>Dictated</i>	TIME 1312
	B/P 189/117
	TEMP. 98.2
	PULSE 77
	RESP 16
	ICD/Dx CODE
TREATMENT	
ASSESSMENT (Dx)	ICD/CPT PROC. CODE

Multiple trauma	DISCHARGE DISPOSITION
	<input type="checkbox"/> HOME <input type="checkbox"/> AMA <input type="checkbox"/> LWBS <input type="checkbox"/> POLICE
	<input type="checkbox"/> ADMIT TO [REDACTED] <input type="checkbox"/> CORONER
	<input type="checkbox"/> TRANSFER TO 1430 By _____
	<input type="checkbox"/> DOA <input type="checkbox"/> STABLE <input type="checkbox"/> IMPROVED
TIME OF DISCHARGE: 1900	AM <input type="checkbox"/> PM

[REDACTED]
[REDACTED] PA [REDACTED]

OUTPATIENT
EMERGENCY DEPARTMENT
RECORD

NAME: [REDACTED] MED. REC. NUMBER: [REDACTED]

ADMISSION DATE: [REDACTED] TIME: [REDACTED]

DISCHARGE DATE: [REDACTED] ADMITTED [REDACTED] TIME: [REDACTED]

EMERGENCY DEPT. PHYSICIAN: [REDACTED]

FAMILY PHYSICIAN:

ADMITTING PHYSICIAN: [REDACTED]

HISTORY: This 98 year old white female was transported by Basic Life Support to the Emergency Department following involvement in a motor vehicle accident. The patient was the belted front seat passenger in a mini van that struck the rear end of another vehicle at approximately at 50 mile an hour speed. There was air bag deployment. The patient was extricated at the scene by Basic Life Support and transported to the Emergency Department without cervical spine immobilization. On arrival the patient is unable to recall any event of the accident. She is not oriented to person, place or time however, this appears to be baseline for this individual, according to her husband.

Past medical history is positive for myocardial infarction and dementia.

Past surgical history: Appendectomy, bilateral cataract, herniorrhaphy and cholecystectomy.

Medications: Ditropan and Isordil, Lorazepam and Ibuprofen.

Allergies: Sulfa.

Tetanus is unknown.

Vital signs on arrival at 1312: Blood pressure 189/117, pulse 77, respirations 16.

PHYSICAL EXAM: The patient is awake, alert, attentive and in extreme distress secondary to right arm pain. Pupils are 2

OUTPATIENT
EMERGENCY DEPARTMENT
RECORD

ORIGINAL

millimeters and symmetrically reacting to light. Extraocular muscles were intact. Tympanic membranes are without hemotympanum. There is a 2 to 3 millimeter superficial laceration over the right brow ridge. No battles or raccoon sign is noted. No otorrhea or rhinorrhea is appreciated. There is some ecchymosis and edema of the lower lip. No intraoral trauma is appreciated. The airway is patent without stridor. Following cervical spine X-rays, the cervical collar was removed and the neck was examined revealing no paraspinal or midline cervical tenderness. Trachea is midline without subcutaneous air. Chest reveals some bilateral palpable tenderness in the upper anterior chest wall. Heart is regular at 80 per minute without murmurs or ectopy. The lungs are clear to auscultation in all fields bilaterally with symmetrical breath sounds. The abdomen is soft and nontender to palpation without guarding, rebound or rigidity. No costovertebral angle tenderness is noted. The pelvis is stable and nontender to compression. The lower extremities are grossly atraumatic. Examination of the upper extremities reveals an open, displaced fracture of the right distal forearm with the wound over the volar aspect. There is ecchymosis and edema extending down to the right hand with some laceration over the dorsum of the fingers. Distal neurovascular status is essentially intact at the time of examination. Neurological examination reveals cranial nerves II-XII to be grossly intact. No gross sensory or motor deficits are appreciated.

TREATMENT:

1. Physical examination.
2. Osteopathic manipulative therapy not indicated.
3. [REDACTED] was contacted immediately for trauma management for [REDACTED].
4. An intravenous of normal saline was initiated, 1000 cc.
5. A second intravenous Hep-Lock was initiated.
6. The patient was maintained on oxygen six liter nasal cannula.
7. Initial laboratory evaluation included CBC, PT, PTT, Chem 7, type and cross for four units and urinalysis.
8. Upright chest X-ray was obtained and interpreted by Radiology as no acute pathology or mediastinal enlargement.

9. Cross table cervical spine X-rays were obtained and interpreted by Radiology as no fracture or dislocation.
10. A portable X-ray of the right wrist was obtained revealing a comminuted displaced two bone, distal forearm fracture.
11. [REDACTED] was contacted and present in the Emergency Department to evaluate this patient for [REDACTED]
12. Further observation, treatment and evaluation was done by [REDACTED]

ASSESSMENT: Multiple trauma.

DISCHARGE DISPOSITION: The patient is admitted to Intensive Care Unit under [REDACTED] care.

DD: [REDACTED]/96
DT: [REDACTED]/96
[REDACTED]

CC: [REDACTED]

ORIGINAL

OUTPATIENT
EMERGENCY DEPARTMENT
RECORD

[REDACTED]
Pennsylvania

98 Y

CONSULTATION REQUEST AND REPORT

TO CONSULTING:

Consultation

Consult & Manage

REASON FOR CONSULTATION:

Open Fr (R) distal radius/Ulna

FROM ATTENDING:

Date

Time

Patient Authorization

I consent to the consultation by

Dr. _____

Notification of Physician

Spoke to Dr. Directly
 Left message with answering service
 Left message with office staff or home

Patient Signature

Date

Time

Name-Notified by

Date

Time

98 y/o wt was restrained passenger in MVA that hit standstill traffic at 50 m.p.h. Airbag deployed. Pt. vehicle was a minivan. Pt. had no LOC. minimal damage to pts car. pt. brought to E.R. via ambulance.
c/o (R) arm pain and neck pain. pt. denies numbness and tingling.

x-ray: Open Fr (R) distal radius & ulna.
distal

Severely comminuted distal radius 30° volar angulation
distal ulna Fr w/ 30° volar angulation and radial displacement
Deformity

Exam: (R) deformity (R) distal forearm

5 cm laceration of distal forearm ulnar aspect of ulna visualized
at wound. Neurovascular
Neurovascularly intact, capillary refill < 3 seconds, pulse ox RIF 99%
palpable radial pulse

Impression: Open Comminuted distal Ulna Fr
Comminuted distal Radius Fr Your Dxs

1) MVA 3) Open Fr

Plan: 1) wound cleaned in ER. 2) Splint applied 3) Neurovascular vs.

3) O.R. for IDP and Ex Fr is cleared for surgery.
4) Anuf and betadine

SIGNATURE OF CONSULTANT
000072

DATE

TIME

96

CN1

[REDACTED]

[REDACTED]

[REDACTED]

REPORT OF OPERATION

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

DATE: [REDACTED] 96

PREOPERATIVE DIAGNOSIS:

1. Grade 3 open fracture, right distal radius and ulna.
2. Ischemic right hand.

POSTOPERATIVE DIAGNOSIS:

1. Grade 3 open fracture, right distal radius and ulna.
2. Ischemic right hand.

SURGEON: [REDACTED]

ASSISTANT: [REDACTED]

OPERATION:

1. Irrigation and debridement right forearm.
2. Exploration ulnar artery and ulnar nerve.
3. Fasciotomy, right arm.
4. Closed reduction, application external fixture, right wrist.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: None.

COMPLICATIONS: None.

DRAINS: None.

INDICATION: 98 year old white female who was involved in a motor vehicle accident earlier today. She was found to have the above injuries. Over time her hand became ischemic. She presents for the above procedure.

All the risks, benefits, alternatives to surgery, no guarantees, suspected outcome, and rehabilitation were fully discussed and appropriate consent form was obtained.

OPERATIVE COURSE: The patient taken to Operating Room and placed on Operating Room Table for the above procedure. An axillary block was attempted but patient was ultimately placed under general anesthesia.

The patient's right upper extremity was prepped and draped in routine fashion. The patient was found to have ischemic right hand

REPORT OF OPERATION

ORIGINAL

and no ulnar pulse. She did have a grade 3 open fracture about her distal ulna with a laceration approximately 4 cm in length. There was bone exposed through the wound with periosteal stripping. The wound was lengthened both proximally and distally. The ulnar artery and ulnar nerve were explored.

The ulnar artery and nerve were found to be tented over the forearm fascia. Fasciotomy was carried out and the patient's pulse returned. Once this was performed, a formal irrigation and debridement was carried out for her open fracture.

Utilizing a pulse lavage, the area was irrigated using 9,000 cc of Saline. All necrotic tissue was removed. The exposed bone was curetted. Once this was done the wrist track was applied. Two pins were placed into the index metacarpal in the appropriate position. A small incision was made over the radial shaft. Subcutaneous tissues divided in the same plane. Care was taken to preserve the superficial branch of the radial nerve. The radius was exposed and two pins were placed in the radius in the appropriate position.

The external fixture device was applied. Manipulation and distraction was performed and visualized with C-arm. There was adequate reduction and stabilization of the fracture. The patient had a segmental radial fracture that will need further surgery in the future. The patient was unstable on the Operating Room Table and therefore, it was decided that we would stop this procedure at this time.

The fracture was stable with the external fixture in place and the wound has been washed out. The hand was now pink and the ulnar artery was patent. The wound was left open. Xeroform was applied to the wounds followed by 4 x 4's, Kerlix and ACE Bandage.

The patient tolerated procedure well and was taken to Intensive Care Unit in guarded condition. All needle, sponge and instrument counts were correct at the end of the procedure.

DD: [REDACTED] 96
DT: [REDACTED] 96

F 98 Y

196

CONSULTATION REQUEST

TO CONSULTING: _____ Consultation Consult & Message

REASON FOR CONSULTATION: _____

FROM ATTENDING: _____ Date 196 Time _____

Patient Authorization

I consent to the consultation by

Dr. _____

Notification of Physician

- Spoke to Dr. Directly
- Left message with answering service
- Left message with office staff or home

Patient Signature

Date

Time

Name-Notified by

Date

Time

98 yo. c/o ~~new~~ severe closed head injury &
 (SDH) Subdural hematoma. spontaneously and to voice questions

Nerves - Open eyes spontaneously, answers questions & cooperative, O2₂ (Basilar Impression).
 Pupils small & react, equal, ~~constrict~~, ~~symmetric~~
 Tongue midline

Sensory - can't. RUE - ~~ischemic~~ ^{appeared} mottled ^{swollen} hand
 Seeing - ~~ischemic~~ ^{RUE} - ~~worsened~~ ^{swollen} - ~~bleeding~~ ^{swollen} hand
 Nuchal rigidity - ~~worsened~~ + scleral

Power? - Power - LUE, BLE, good power

- DTR ~~2+~~ ²⁺ ²⁺ ²⁺ Bilateral lower Extremities

① hemispheric & mild mass effect only
 CT → ② hemispheric SDH - need more detail only

③ (1) frontal minuscule contusion ^{minuscule} significant increased

(3) add CT - lacunar ② BG Basal Ganglion

Tips - 6CS 14-15 - SDH Acute acutely increases in size morbidity
 Recommendation long discussion with husband. If SDH Acute & as in size morbidity at
 age ^{craniotomy} will only lead to significant ^{invasive} surgery.
 Morbidity such that ^{doubtful} ^{in fact} ^{surgery}.
 Lacunar, would it could facilitate long interval surgery.

SIGNATURE OF CONSULTANT
999073

DATE

TIME

CN 2

F 98 Y

CONSULTATION REQUEST

TO CONSULTING: [REDACTED]

FOR CONSULTATION: Consult & Manage

REASON FOR CONSULTATION: SDH

FROM ATTENDING: [REDACTED] Date _____ Time _____

Patient Authorization

I consent to the consultation by

Dr. _____

Notification of Physician

- Spoke to Dr. Directly
- Left message with answering service
- Left message with office staff or home

Patient Signature

Date

Time

Name-Notified by

Date

Time

resolves ultimately if it ? weeks
If SDH resolves or if ultimately, I believe in weeks
may be reasonable. In meantime I
ahead timeline to may be reasonable. no measure I
agree to do heroes + would consider craniotomy very
heroes advanced age (78 y.o.) + dementia.
dementia indeed given pt advanced age (78 y.o.) + dementia.

Rec. 1) No heroes if severe neurologic decline.
2) CT head A.M.
3) Neuro Q 1°-2°
every

SIGNATURE OF CONSULTANT
qqqan72

DATE

TIME

196 : 6 4 5 2 4

HISTORY & PHYSICAL EXAM ADMISSION NOTE

This form may also be used as a guide for dictation.

STAFF AT [REDACTED]

This form to be completed by the physician.

Patient's Name [REDACTED]

[REDACTED] Surgeon

Age 98 Sex f Date [REDACTED] 9/6 Time 12:35 PM

Chief Complaint MVA: Pt. was a belted passenger of a minivan.

History of Chief Complaint Pt. was a belted passenger of a minivan traveling ≈ 50 mph ran into rear of another vehicle. Airbags deployed

Allergy/Adverse Drug Reactions Sulfa

Medications Ditropan 5 mg t P.O. BID, Isorbide 30 mg 1/2 P.O. BID
Lorazepam 1mg qhs.

Past Medical History NC, Dementia

Past Surgical History Appendectomy, BL cataract, Hernia, Cholecystectomy
varicose stripping, Eye Sx. Shield placed behind
Eye 10 yrs ago?

Directions: Circle any positives and explain. (If entire section is negative, write "N")

SOCIAL HISTORY

Alcohol Drug Abuse
Tobacco Diet

FAMILY HISTORY

Tuberculosis	Nervous or Mental
Diabetes	Anemia/Sickle Cell
Cancer	Gallstones
Nephritis	Kidney Stones
Hypertension	Ulcer
Heart Troubles	Goiter

Sx: Pt. from Ontario lives - husband
Job: quit over 20 yrs ago.
Alc: 1/2 brandy / night.

SYSTEM REVIEW

1. GENERAL:

Appetite	Fever	Adenopathy
Weakness	Chills	Edema
Fatigue	Diaphoresis	Injuries
Weight Loss	Lightheadedness	Other

PM Hx: father ?

Mother DM

2 sisters

7 brothers, Ca, MI

endo &

Heme: ?

HPI

2. ENDOCRINE/METABOLIC:

Hot/Cold Intolerance	Diabetes	Lipid Disorders
Goiter		Changes in Physical Features

3. HEMATOLOGIC:

Anemic	Transfusions	Bleeding
Leukemia		Bruising

Circle any positives and explain.

PHYSICAL EXAM

BP 148/78 Pulse 88 Ht. _____
Temp. 97.5 R: ID Wt. _____

1. GENERAL DESCRIPTION:

Habitus Pallor
Facies Cyanosis
Deformities Jaundice
Acute or Clubbing
Chronically Ill Edema

2. INTEGUMENT:

Skin Nails
Hair Scars

3. HEAD & NECK:

Eye	Tongue	Fungus
Tonsils	Ears	Pharynx
Nose	Thyroid	Oral Cavity
Trachea	Teeth	

4. LYMPH NODES:

Cervical	Epitrochlear	Occipital
Inguinal	Supraclavicular	Popliteal

5. BREASTS:

Mass	Nipple Retraction
Tenderness	Gynecomastia

6. CHEST:

Deformities	Fremitus	Resonance
Tenderness	Breath Sounds	
Expansion	Crackles	
Diaphragm	Rhonchi	
Dullness	Rubs	

7. HEART:

PMI: Location, character
Dysrhythmia Sounds
JVP/HJR Murmurs
Heave/Thrust Rub

Enlarged Click
Thrill Other

8. PERIPHERAL VASCULAR:

Absent pulses	Stasis
Bruits	Varicosities
Inflammation	Other

9. ABDOMEN:

Bowel Sounds	Masses
Bruit	Liver
Ascites	Spleen
Tenderness	Kidney
Aneurysm	Hernia

10. NEUROLOGIC:

Mental Status	Sensory
Speech	Gait
Cranial Nerves	Tremor
Motor Function	Reflexes
Involuntary Movements	Fasciculations

11. GENITALIA:

Vulva	Adenxa	Urethra
Penis	Vagina	Scrotum
Cervix	Testicles	Fundus

Date of last pelvic _____

Gen: Pt. is a 98 y/o w/ c/o A, A+O, pt. was cooperative & in good spirits.

Skin: warm & dry & good color & turgor

ENT: NC, com, PERL + small pupils, TMT ^{sized} is erythema & edema, Neck: soft, palpable ¹ masses, trachea midline
Pharynx: ¹ erythema, tongue leather in texture & mult. oral labial contusions, tongue midline.

Lymph: ¹

Breasts: ¹

Chest: Symmetrical, CTA B/L

Hrt: RR 15 S ^(m) & G/R/E

Periph: ¹ cl/cle, +2/4 pulses = B/L

(R) UE ¹ bandage + susp @ bed side.

Abd: Soft, NT, (1) BS, ¹ masses
¹ G/R/E

Nervo: CN II \rightarrow XII grossly intact.

Optic - reflexes elicited -

(+) DTR = B/L

Genitalia: WNL for agn.

[REDACTED]

[REDACTED]

[REDACTED]

REPORT OF CONSULTATION

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

DATE OF CONSULTATION: [REDACTED] /96

ATTENDING PHYSICIAN:

CONSULTATION PHYSICIAN: [REDACTED]

[REDACTED] is a 98-year-old white female who is admitted to [REDACTED] after being in a motor vehicle accident. Apparently she was in a mini van and rear-ended another vehicle traveling at a high rate of speed. Airbags were deployed. The patient did not have loss of consciousness. She had complained of pain throughout her right anterior chest, wrist, and shoulder. She was brought to the hospital where CT scan was performed which showed a right subdural hematoma. Her past medical history is positive for heart attack and dementia. Her allergies are to Sulfa. Her surgical history is positive for appendectomy, bilateral cataracts, hernia, and cholecystectomy. Medications are Ditropan 5 mg b.i.d., Isosorbide 1/2 tab b.i.d., and Lorazepam 1 mg h.s. nightly. Review of systems - the patient does state that she has alot of chest pain at home. Some of this appears to be structural, some of it may be coronary. She denies chronic cough, sputum production, or shortness of breath. Gastrointestinal - she states her appetite has been good. Neurologic - she does have a right subdural but seems alert and oriented.

Physical exam at this time revealed a 98-year-old white female in a moderate degree of distress. The patient appears oriented and responds appropriately to questioning. Height estimated at 5'4", weight estimated at 126. Blood pressure was 140/80, pulse 80, respirations 18, temperature is afebrile. Overall appearance is that of a cachectic white female. There was bruising over the right lip, below the right eye, and on the right forehead. The pupils were equal and reactive. Patient was edentulous. There was a presence of an nasogastric tube present. The neck revealed no adenopathy or thyromegaly. Heart was regular rate and rhythm with significant outflow tract murmur heard. Carotid upstrokes were equal bilaterally. The lungs were clear to auscultation. The chest is tender to palpation over the anterior sternum. The abdomen revealed a well healed midline scar. Bowel sounds are normal. No masses or tenderness was felt. The extremities showed the presence of a cast over the right wrist from open reduction and internal fixation of the radius and ulna. The distal extremities were unremarkable. There's adequate range of motion. Neurologic pupils are equal and reactive. Facial fields were apparently full.

REPORT OF CONSULTATION

CNJ3

ORIGINAL

[REDACTED]
[REDACTED] PA [REDACTED]

2

The patient did have range of motion of both lower extremities as well as the upper extremity.

Electrolytes were essentially normal. BUN 21, creatinine 0.8. Hemoglobin and hematocrit 13.7 and 39.5. Coags unremarkable. As mentioned, there was a fracture of the right distal ulna and a comminuted fracture of the distal right radius. A CT scan did show a subdural.

IMPRESSIONS:

1. Status post motor vehicle accident with right subdural hematoma--stable.
2. Status post open reduction and internal fixation of comminuted fracture of the radius and ulna.
3. Coronary artery disease by history.
4. Mild dementia by history.
5. Anterior chest pain, probably thoracic trauma. Rule out myocardial contusion.

PLAN:

1. Watch for evidence of myocardial contusion with changes in rhythm, ST segments.
2. Agree with serial CPKs to follow this.
3. If pulse pressure narrows, could get echocardiogram to make sure she's had no pericardial contusion.
4. Follow subdural as you are doing with serial CT scans.
5. The patient has already been seen by Dr. Schlager who recommended conservative therapy.
6. Agree with Nitrol paste.
7. Recommend subq Heparin to prevent deep venous thrombosis.

CONDITION: Stable.

PROGNOSIS: Guarded.

[REDACTED]
DD: [REDACTED]/96
DT: [REDACTED]/96
#

CC: [REDACTED]

REPORT OF CONSULTATION

ORIGINAL

[REDACTED]
PA [REDACTED]

DISCHARGE SUMMARY

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

ADMISSION DATE: [REDACTED] /96

DISCHARGE DATE: [REDACTED] /96 AT 1200 HOURS

NEUROSURGEON: [REDACTED], M.D. Neurosurgery Group of [REDACTED]

ADMISSION DIAGNOSIS: 1. Status post motor vehicle accident.
2. Subdural hematoma.
3. Comminuted open fracture right wrist.
4. Multiple contusions.

DISCHARGE DIAGNOSIS: 1. Brain stem herniation.
2. Right subdural hematoma.
3. Open comminuted fracture of right wrist.

DISCHARGE DISPOSITION: The patient is discharged to the morgue.

HISTORY: This 98 year old female was travelling north on [REDACTED] with her husband on her way back to Canada from Florida. They were travelling approximately 50 an hour when the traffic came to a dead stop in front of them. The husband states that he slammed on his brakes but was unable to stop. He subsequently rear ended another vehicle. The patient was a belted passenger of the mini van. This mini van did have bilateral air bags which both deployed. The husband states that the patient had no loss of consciousness.

The patient, on examination was in a severe degree of distress secondary to the pain of the wrist fracture, was confused but, by history she does have some degree of dementia and it was uncertain whether this confusion was secondary to a head injury or due to the previous baseline. She was unable to recall the accident. She denies any dizziness or blurred vision at the time of the examination. She, by history, was extricated from the car by Basic Life Support and was transferred to [REDACTED]. The patient was evaluated in conjunction with the Emergency Room staff.

A cervical spine film was obtained which showed marked degenerative changes but no evidence of fracture. Further cervical spine series, including lateral, open mouth, flexion and extension views showed no signs fracture. The right forearm and hand X-rays were also obtained which showed comminuted fracture of the distal radius and ulnar shaft and no fracture to the hand.

DISCHARGE SUMMARY

ORIGINAL

DS

Chest X-ray revealed chest and pelvis to be clear on X-ray examination.

Her vital signs remained stable during the time in the Emergency Room. Her mental status - she was awake, alert and conversant. Allergies to SULFA. Past medical history of heart attack and dementia. Past surgical history: Appendectomy, bilateral cataracts, hernia and a cholecystectomy. Medications: She is on Ditropan, Isosorbide, Lorazepam and Ibuprofen.

A CT scan of the head, abdomen and pelvis was also obtained in the Emergency Room. CT of the head reveals a frontal contusion and a right sided subdural hematoma. The CT scan of the abdomen and pelvis was essentially benign.

At this time a neurosurgery consult was obtained and [REDACTED] was called and he came and assessed the patient in the Emergency Room. In reviewing the CT scan with him and the patient's condition, he thought at this time that no heroic measures were necessary secondary to the patient's age and poor outcome and mortality that craniotomy would have for this patient. He did recommend that we continue neurological checks and do a repeat CT scan in the morning.

She was taken to the Operating Room that evening by Orthopedics for debridement and external fixation of the right wrist, which she tolerated well.

HOSPITAL COURSE: After surgery she was moved to the Intensive Care Unit for continued monitoring and continued neurological checks. The patient, the next morning, was doing well, in fact she was somewhat more alert than she was the day of the accident. A repeat CT scan was obtained which did show improvement of the subdural hematoma. She continued to progress well throughout the day. Last evening, though, the patient did develop a hypertensive episode which was managed with Procardia with some response. Immediately, though, after the episode the patient began to exhibit signs of neurologic deterioration. Her pupils became fixed and dilated. She began to decerebrate posture and began to have an up going Babinski sign. Throughout that day and into the morning, she continued in this status. Approximately 11 a.m. this morning the patient began to bradycardia. She eventually bradied down and became asystolic with the time of death being 11:21 a.m. this morning.

[REDACTED]
[REDACTED], PA
[REDACTED]

3

Due to her history, we feel that the cause of death is secondary to a brain stem herniation due to an enlargement of this hematoma.

DICTATED BY: [REDACTED]

DD: [REDACTED] 96
DT: [REDACTED] 96
#

CC:

ORIGINAL

DISCHARGE SUMMARY

PENNSYLVANIA

FILE NO.

MR. NO.

DOB [REDACTED] /97

NONE D

IP

CCU
1430

EXAMINATION	DATE OF EXAM [REDACTED] /96
OF SERVICE IN OR RIGHT WRIST	
HISTORY:	EXTERNAL FIXATION

*Right Wrist:

Fluoroscopy and spot film examination was performed during the external fixation of the previously noted comminuted fracture involving the distal radius and ulna. The overall alignment appears to be restored with these films although slight foreshortening is noted. There is diffuse soft tissue swelling about the distal forearm as well as an external fixation device noted.

Impression: 1. Utilizing of fluoroscopy and spot film during the external fixation of a comminuted fracture of the distal radius and ulna.

11/17/96

PENNSYLVANIA

FILE NO. [REDACTED]
MR. NO. [REDACTED] 96
DOB [REDACTED] 97
NONE D

ER

ER2

EXAMINATION OF	DATE OF EXAM	[REDACTED] 96
	EXAM AT BEDSIDE CERVICAL SPINE - LATERAL ONLY HAND FOREARM RIGHT	
	HISTORY: MVA	

*Right Hand and Forearm

Studies of the mid and distal forearm and right hand were secured in anterior and lateral projection through a metal splint. Examination reveals the presence of a comminuted fracture involving the distal radial and ulnar shafts. There is marked impaction and foreshortening of the fracture involving the distal radius. There is displacement and marked dorsal angulation of the fracture involving the distal ulnar shaft. The ulnar articulation was disrupted. The proximal forearm was not visualized.

The evaluation of the right hand was secured and reveal any gross evidence of fracture. Marked arthrosis was noted of the base of the first metacarpal greater multangular articulation.

Impression:

1. Comminuted fracture involving the distal radial and ulnar shafts with dorsal angulation of the ulnar fracture and disruption of the ulnar carpal articulation.
2. Impaction of the radial fracture.
3. No gross evidence of fracture involving the hand although the exam was extremely limited.

*Bedside Lateral Cervical Spine

A bedside lateral cervical spine was secured on [REDACTED] 96 at 1300 hours. Examination fails to reveal any evidence of fracture or dislocation. Marked degenerative alterations were noted of the mid and lower cervical spine in terms of narrowing of the interarticular spaces and degenerative spondylotic lipping occurring across the vertebral margins.

Impression:

1. Negative for fracture or dislocation.
2. Degenerative spondylosis involving the mid and lower cervical spine.

Thank you very much for referring this patient to us.

PENNSYLVANIA

FILE NO.

MR. NO.

DOB [REDACTED] 97

NONE D

ER

ER9 1430

EXAMINATION OF	DATE OF EXAM [REDACTED] /96
BEDSIDE CHEST	
HISTORY: MVA	

*Bedside Chest

One anterior semi-erect film was secured of the thorax on a portable basis at 1500 hours. There is an NG tube noted with the tip being below the diaphragm and in the stomach. There are clips at the EG junction compatible with previous surgery. Atherosclerosis is noted of the aorta which is tortuous. The cardiac silhouette and diaphragms are preserved. No infiltrate or congestion is seen. The hila are normal. Diffuse demineralization of the osseous structures is seen. Degenerative alterations involving the dorsal spine is noted.

Impression:

1. No active pulmonary pathology.
2. NG tube within the stomach.
3. Atherosclerotic vascular disease.

Thank you very much for referring this patient to us.

P7:02

Pennsylvania

FILE NO. [REDACTED]
MR. NO. [REDACTED]
DOB [REDACTED] / 97
EMERGENCY R

/ 96

ER

1430

	DATE [REDACTED] / 96
EXAMINATION OF	CT HEAD UNENHANCED CT CERVICAL SPINE UNENHANCED CT ABDOMEN UNENHANCED/ENHANCED CT PELVIS ENHANCED
HISTORY:	MVA CT# [REDACTED]

CT Scan of the Head

History: A 90-year old female status post MVA.

Procedure: A noncontrast CT scan of the head was performed with additional subdural window settings and bone window settings.

Findings: There is a crescent-shaped hyperdensity noted overlying the right frontal/parietal/temporal lobe compatible with a small subdural hematoma. There is a focal hypodensity at the corticomedullary junction on the right side in the frontal lobe near the vertex which is probably representative of a shear injury. There is a hypodensity noted within the right basal ganglion anteriorly which is probably an old infarct. Furthermore, there is a less than 1 cm. hyperdensity noted adjacent to the right middle cerebral artery which is probably a small aneurysm. An MRI would be helpful for further evaluation. There is overall prominence of the CSF containing spaces compatible with a cerebral and cerebellar atrophy. There is diffuse brain edema on the right side with effacement of the sulci on the right side with minimal mass effect with the right ventricular system being smaller than the left. There is no depressed skull fracture identified.

Impression:

1. Small right-sided subdural hematoma with diffuse brain edema on the right side with asymmetry of the ventricular system as noted above.
2. Suspect small aneurysm of the right middle cerebral artery.

Ex 3

[REDACTED]
Pennsylvania

[REDACTED]
FILE NO. [REDACTED]
MR. NO. [REDACTED]
DOB [REDACTED] / 97
EMERGENCY R
[REDACTED] 96

ER

	DATE 01/01/96
EXAMINATION OF	* Page 2

3. Shear injury, right frontal lobe near the vertex.
4. Probable old infarct in the right basal ganglion.
5. Cerebral and cerebellar atrophy.

*CT Scan of the Abdomen and Pelvis

History: As above.

Procedure: A noncontrast and a contrast CT scan of the abdomen and pelvis was performed. The contrast study utilized 100 ml. of Optiray 320. Additional bone windows were secured of the pelvis as well as lung window bases.

Findings: There is a dilated common bile duct noted measuring up to 1 cm. in size. The patient has had a prior cholecystectomy and clips are seen in the gallbladder fossa. There are dilated central hepatic ducts noted. A common bile duct lesion cannot be excluded and the patient may need an ERCP for further evaluation. No definite evidence of pancreatic head mass is seen and the pancreas appears to be small and atrophic. There is no evidence of major organ injury, free fluid, basilar pneumothorax, or grossly displaced pelvic fracture. Both kidneys demonstrate satisfactory excretion of the contrast material with the bladder being normal. There is a small hypodensity within the inferolateral pole of the left kidney which is probably representative of a small cortical cyst, otherwise no masses are identified in either kidney. No retroperitoneal pelvic lymphadenopathy is seen. No

[REDACTED]
Pennsylvania [REDACTED]

[REDACTED]
FILE NO.
MR. NO.
DOB [REDACTED] 97
EMERGENCY R

96

ER

	DATE [REDACTED] /96
EXAMINATION OF	*Page 3

basilar pneumothorax is seen. The visualized portion of the large and small bowel are normal, the colon is incompletely filled on this examination. The abdominal aorta demonstrates atherosclerosis and ectasia proximally with marked tortuosity. An NG tube is noted within the stomach. Calcification is noted of the coronary arteries compatible with coronary artery disease.

Lucencies are seen within the left femoral neck into the lesser trochanter as well as the right hip. This may be due to the overall demineralization although underlying occult metastasis cannot be excluded and a bone scan would be helpful for further evaluation.

Impression: 1. No evidence of major organ injury, free fluid, basilar pneumothorax, or grossly displaced pelvic fracture.
2. Dilated common bile duct and central hepatic ducts. An underlying common bile duct lesion cannot be excluded and the patient may need an ERCP for further evaluation.
3. Status post cholecystectomy.
4. Lucencies within the hips bilaterally which may be due to the overall demineralization although a bone scan is recommended to exclude the possibility of an occult metastasis.

*CT Scan of the C1-2

History: As above.

Procedure: A noncontrast CT scan of the cervical spine was performed from the base of the skull through C2. Bone and soft tissue windows were obtained.

Pennsylvania

FILE NO. [REDACTED] 96
MR. NO. [REDACTED]
DOB [REDACTED]/97
EMERGENCY R

ER

	DATE OF BIRTH /96
EXAMINATION OF	* Page 4

Findings: There is no evidence of fracture, subluxation, or destructive osseous pathology. The perivertebral soft tissues are preserved. Incidentally noted is an NG tube. There is calcification of the transverse longitudinal ligament behind the dens compatible with low-grade degenerative alteration.

Impression: 1. Negative for fracture of C1 or C2.

Thank you very much for referring this patient to us.

[REDACTED] PENNSYLVANIA [REDACTED]

[REDACTED] FILE NO.

MR. NO. [REDACTED]

DOB [REDACTED] 97

NONE D

[REDACTED] 96

ER2

1430

EXAMINATION OF	DATE OF EXAM	CERVICAL SPINE-ROUTINE	PELVIS - LIMITED	RIGHT ELBOW	HAND
	96				

HISTORY: MVA

*Pelvis

One view of the pelvis was secured. Demineralization of the osseous structures is seen. No grossly displaced fracture is noted. There is oral contrast noted within the small bowel which limits this examination. Atherosclerosis is noted. Degenerative alterations involving the pubic symphysis is noted as well as the lower lumbar spine.

Impression: 1. Negative for grossly displaced fracture of the pelvis.

*Cervical Spine

AP, lateral, both oblique views, an attempted open-mouth view were secured of the cervical spine. The lateral view is not a true lateral view. There is a diffuse decrease in disc space at C3-4, 4-5, 5-6, 6-7 and C7-T1. Diffuse degenerative osteoarthritis is noted. In the right oblique study the intervertebral foramina are not significantly narrowed. The foramina are not well seen in the left oblique view. The trachea is in the midline. The lateral masses are not displaced and the tip of the dens is not seen although appears to be normal in the lateral view. The retrotracheal and retropharyngeal soft tissues are preserved. The trachea is not displaced of the midline. An NG tube is noted in the midline. Atherosclerosis is noted of both carotid artery bifurcations. Grossly there is no displaced fracture or malalignment.

Impression: 1. No gross fracture or malalignment. There is poor visualization of the dens and C1, recommend a CT scan.

PENNSYLVANIA

FILE NO.

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NONE D

ER

96

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EXAMINATION OF	DATE OF EXAM 7/96	*Page 2

2. Diffuse demineralization with degenerative alterations.
3. Decreased disc spaces at C3-4, 4-5, 5-6, 6-7, and C7-T1.
4. NG tube in the midline.

*Right Elbow and Hand

Limited views of the right forearm, wrist, and hand were obtained. There is a comminuted fracture with displacement and extension into the articular surface of the distal radius and ulna. There is severe degenerative alteration involving the first metacarpal phalangeal joint and a small avulsion fracture cannot be excluded laterally of the proximal first metacarpal. When the patient's condition permits, better views are recommended of the wrist and hand. There is diffuse demineralization of the osseous structures. There is overlying artifact representative of a splint.

Impression: 1. Comminuted fracture of the distal radius and ulna with extension into the articular surface.
2. Questionable small avulsion fracture of the proximal lateral aspect of the first metacarpal with marked degenerative alterations involving the first metacarpal phalangeal joint. Further views are recommended when the patient's condition permits.
3. Diffuse demineralization of the osseous structures with diffuse soft tissue swelling about the wrist and distal forearm.

[REDACTED]
Pennsylvania [REDACTED]

FILE NO. [REDACTED]
MR. NO. [REDACTED]
DOB [REDACTED] 97
HASH C

96

Practice Limited to Radiology and Nuclear Medicine

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	DATE [REDACTED] 96
EXAMINATION OF CT HEAD UNENHANCED/ENHANCED	
	HISTORY: MVA CT# [REDACTED]

*CT Scan of the Head

This is a CT scan of the head with and without contrast enhancement. This is a follow for head trauma with previous study being performed on [REDACTED]. The examination reveals the ventricles to be top normal to borderline in size with some asymmetry of the right frontal horn which is smaller than the left. There is mild mass effect upon the frontal horn. There is a hyperdense area in the frontal lobe at the corticomedullary junction and a subdural hematoma is noted laterally at the frontal and parietal zone on the right. The change at the corticomedullary junction is probably post traumatic contusion or shearing injury. There is a very small amount of hyperdense change in the posterior horn of the left lateral ventricle and whether this represents overlapping or tissue or possibly a small amount of hemorrhage is difficult to differentiate. It is suspected to be the latter. This is not identified on prior study. With contrast enhancement and without contrast enhancement the area around the sella turcica was evaluated and a definite aneurysm is not identified. It is questioned whether this was the sella on prior examination. Nevertheless, if there is strong suspicion for an aneurysm, of course MRI should be obtained. There is change at the level of the tentorium and whether this is due to staining from hemorrhage or tentorial prominence is difficult to differentiate, it is not seen in the subdural settings and therefore there is a lower probability of hemorrhage.

Impression: 1. Top normal ventricles with mild mass effect on the frontal horn on the right with hypodense change at that level at the corticomedullary junction indicating probably contusion with a possible shearing injury. There is a subdural hematoma laterally at the right side at the frontoparietal lobe. This is compared to prior examination and is decreasing in size.

Pennsylvania

FILE NO.

MR. NO.

DOB 1/1/97

HASH C

/96

IP

EXAMINATION OF	DATE 1/1/96
	* Page 2

2. Hyperdense area at the posterior aspect of the left lateral ventricle and a small amount of hemorrhage into the ventricle may be present.
3. No definite aneurysm identified at this time.
[REDACTED] was informed of the results.

**CORONER'S REPORT
AND
CERTIFICATE OF DEATH**

DEATH INVESTIGATION FORM

CORONER'S OFFICE
PENNSYLVANIA

CASE NO.: [REDACTED]

(To be filled in by coroner)

Death certificate issued by deputy:

[] Yes No

Deputy: Dr. [REDACTED]

Date: 19 96

Name of deceased _____
(first) [REDACTED] (middle) [REDACTED] (last) [REDACTED]

Sex [] M F Color or race W [] N [] Other; Married [] Never Married [] Widowed [] Divorced

Call Rec'd at 10:00 A.M. Left for scene at 10:25 A.M. Arrived at 12:25 P.M. Mileage: end _____
1/4 P.M. (EST) 1/4 P.M. 1/4 P.M. start _____
Place trip started Office Reason for delay, if any _____

Location of death: if outside city or town _____ miles [] North; [] South; [] East; [] West of _____ Nearest City/Town _____

on Route No. (U.S., Penna. or Legislative Route Number. Describe location as accurately as possible.)

Place of death, or place where body was found _____ City, Borough or Town _____

Street address or location _____ Length of stay, if known _____

Telephone No. _____

Name and address of hospital or institution, if applicable (DOA? [] Yes [] No): [REDACTED]

Usual Residence (where deceased lived. If institution, residence before admission) State Canada County _____
City, Borough or Township _____ Street address or location _____

Is residence inside Municipality Limits? [] Yes [] No; Is Residence on a Farm? [] Yes [] No

If accident, weather and condition of road, etc.

Person calling deputy _____ Address _____ Phone _____

Relationship: [] Police [] Friend [] Neighbor [] Relative (_____)

[] Hospital Physician [] Funeral Director Other (_____)

Body found by ambulance personnel Time 12:00 P.M. [] A.M. P.M. Phone _____

Address _____ Phone _____

Where passenger seat needed med. care How and Why _____

Body moved or touched Yes [] No, If so, by whom _____

On whose authority? Heirs Movement made _____

Deceased last seen alive 19 96 At 11:30 A.M. [] P.M. Where in her bed _____

By _____ Phone _____

Under what circumstances expired _____

Last physician to attend deceased Dr. _____ At 11:30 A.M. [] P.M. 19 96 _____

Deceased's regular physician [] Same [] none [] other (Dr. _____)

Address: [] same; other _____

Full Name of Spouse _____

Address same; other _____

Father's Name _____ Mother's maiden name _____

Usual occupation (even if retired) _____ Social Security No. _____

Date of Birth _____ Age (in yrs. last birthday) _____ If under 1 yr. (Mos. _____ Days _____) If under 24 hrs. (Hrs. _____ Min. _____)

Birthplace (Also give state or foreign country) Canada **Citizen of what country?** USA; other _____

Informant _____ **Address** _____

PMH (source of data _____):

History of present illness: past 24 hrs. (last 3 meals, medicines, fluids, vomitus, unusual odors, alcohol intake, suicide threats &/or notes, etc.):

Passenger in vehicle [REDACTED] Egypt [REDACTED]
taken to [REDACTED] Critical Care
was seat belted & air bag deployed
caused facial injuries.
(2 lanes cut to one lane) moving slowly,

PE of body (regular general exam, with special attention to livores mortis, rigor mortis, position of body, unusual marks, etc. Please make sketches, if applicable) and one or two stopped at the rear

sketches, if applicable) 
into rear end of stopped car. Air bag caused bruising around nose - white female tiny in stature, frail & pale, had resolving subdural hematoma

Police officer(s) investigating [None]: _____

Address & department

Pronounced dead by Dr. _____ at // A.M. // P.M. 19

Estimated time of death (if different from above) _____ [] A.M. [] P.M. _____ 19_____

Responsible person notified of death Not necessary _____ present): _____

Address _____ **Phone** _____

By whom _____ **By [] Telegram** **[] Phone** **[] Verbal** **[] Letter**

When _____, 19_____[] A.M. [] P.M.

Witnesses' Statements (please list each by number, name, address and phone. When possible, have each sign his statement.)

TRAFFIC ACCIDENT

Woman dies two days later

Two days after she was injured in a traffic accident, a 98-year-old woman died under hospital medical care.

On [REDACTED] and her husband, [REDACTED] were on their way from Florida to their home in [REDACTED], Canada, police reported.

Construction closed one lane of [REDACTED] near [REDACTED] in [REDACTED].

As traffic stopped, the car [REDACTED] was driving rear-ended a car driven by [REDACTED]

[REDACTED] N.J., police said. The accident occurred at 12:05 p.m.

[REDACTED] was taken to [REDACTED] where she was treated for head injuries. Coroner [REDACTED] said [REDACTED] died of bleeding inside her skull at 11:20 a.m.

No charges will be filed in the case, police said.

Wallet (list currency)

FRAIL VICTIM

Airbag kills woman

A deployed airbag played a role in the death of a "very frail" 98-year-old accident victim, the coroner said.

[REDACTED] died in [REDACTED] two days after the accident on [REDACTED]. She died from bleeding inside her skull, Coroner [REDACTED] said.

She and her husband, [REDACTED] were on their way from Florida to their home in [REDACTED], Canada. As traffic stopped for construction near [REDACTED] the car [REDACTED] was

him.

No charges will be filed in the case, troopers said.

Number) TELEPHONE & TELEGRAPH

To

Reason

OTHER (Postage, etc.)

Re accounting of expenses incurred by me (us) in the investigation of the named deceased's

Coroner or Deputy

VALUABLES SHEET

All items separately. No need to fill out if responsible person is present. Have such person sign to rest of report.)

Valuables found with the body of the deceased at the time of my examination. The person(s) noted
ing of these valuables.

Coroner or Deputy

Phone _____

claimed _____